

# Benefits at-a-Glance

	FHCP Medicare Rx Plus (HMO-POS)	FHCP Medicare Rx Savings (HMO)	FHCP Medicare Premier Advantage (HMO)
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## Plan Costs & Details

<b>PBP Number</b>	H1035-002	H1035-014	H1035-040
<b>Service Area</b>	Brevard, Flagler, Seminole, St. Johns, Volusia	Brevard, Flagler, Seminole, St. Johns, Volusia	Brevard, Flagler, Seminole, St. Johns, Volusia
<b>How much is the monthly premium?</b>	<b>\$49</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>FHCP Medicare will reduce your Medicare Part B premium by up to \$82</b>	<b>\$0</b> You must continue to pay your Medicare Part B premium
<b>How much is the deductible?</b>	<b>\$0</b> for health care services	<b>\$0</b> for health care services	<b>\$0</b> for health care services
<b>Is there any limit on how much I will pay for my covered medical services?</b>	<b>\$3,400</b> for services you receive from In-Network providers	<b>\$9,350</b> for services you receive from In-Network providers	<b>\$5,100</b> for services you receive from In-Network providers

## Medical & Hospital Benefits

<b>Doctor's Office Visits</b>	<b>\$0 copay</b> Primary Care Physician <b>\$20 copay</b> Specialist	<b>\$20 copay</b> Primary Care Physician <b>\$50 copay</b> Specialist	<b>\$0 copay</b> Primary Care Physician <b>\$0-\$30 copay</b> Specialist
<b>Preventive Care</b>	<b>\$0 copay</b>	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Inpatient Hospital</b>	Days 1-6: <b>\$300 copay</b> per day. After the 6th day the plan pays 100% of covered expenses.	Days 1-4: <b>\$500 copay</b> per day. After the 4th day the plan pays 100% of covered expenses.	Days 1-6: <b>\$320 copay</b> per day. After the 6th day the plan pays 100% of covered expenses.

## Medical & Hospital Benefits (continued)

<b>Outpatient Hospital</b>	<b>\$200 copay</b>	<b>\$400 copay</b>	<b>\$250 copay</b>
<b>Outpatient Surgery</b>	<b>\$150 copay</b> in an Ambulatory Surgical Center <b>\$200 copay</b> in an Outpatient Hospital Facility	<b>\$300 copay</b> in an Ambulatory Surgical Center <b>\$400 copay</b> in an Outpatient Hospital Facility	<b>\$200 copay</b> in an Ambulatory Surgical Center <b>\$250 copay</b> in an Outpatient Hospital Facility
<b>Urgently Needed Services</b>	<b>\$0 copay</b> per visit at an FHCP Extended Hours Care Center <b>\$20 copay</b> at an Urgent Care Center	<b>\$20 copay</b> per visit at an FHCP Extended Hours Care Center <b>\$45 copay</b> at an Urgent Care Center	<b>\$0 copay</b> per visit at an FHCP Extended Hours Care Center <b>\$30 copay</b> at an Urgent Care Center
<b>Emergency Room</b>	<b>\$100 copay</b>	<b>\$100 copay</b>	<b>\$125 copay</b>

## Part D Prescription Drug Benefits<sup>1</sup>

<b>Deductible</b>	<b>\$0 per year</b> for Part D prescription drugs	<b>\$590 per year</b> for Part D prescription drugs. Applies only to Part D drugs in Tiers 3, 4 and 5.	<b>\$295 per year</b> for Part D prescription drugs. Applies only to Part D drugs in Tiers 4 and 5.
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### What you pay at a Preferred Pharmacy for a 31-day supply

<b>Tier 1</b> (Preferred Generic)	<b>\$0 copay</b>	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Tier 2</b> (Generic)	<b>\$0 copay</b>	<b>\$10 copay</b>	<b>\$5 copay</b>
<b>Tier 3</b> (Preferred Brand)	<b>\$42 copay</b>	Deductible then <b>\$45 copay</b>	<b>\$44 copay</b>
<b>Tier 4</b> (Non-Preferred)	<b>25% coinsurance</b>	Deductible then <b>25% coinsurance</b>	Deductible then <b>25% coinsurance</b>
<b>Tier 5</b> (Specialty)	<b>33% coinsurance</b>	Deductible then <b>25% coinsurance</b>	Deductible then <b>29% coinsurance</b>
<b>Tier 6</b> (Vaccines)	<b>\$0 copay</b>	<b>\$0 copay</b>	<b>\$0 copay</b>

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

## Part D Prescription Drug Benefits<sup>1</sup> (continued)

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

<b>Tier 1</b> (Preferred Generic)	<b>\$0 copay</b>	<b>\$0 copay</b>	<b>\$0 copay</b>
<b>Tier 2</b> (Generic)	<b>\$0 copay</b>	<b>\$27 copay</b>	<b>\$12 copay</b>
<b>Tier 3</b> (Preferred Brand)	<b>\$123 copay</b>	Deductible then <b>\$132 copay</b>	<b>\$129 copay</b>
<b>Tier 4</b> (Non-Preferred)	<b>25% coinsurance</b>	Deductible then <b>25% coinsurance</b>	Deductible then <b>25% coinsurance</b>

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

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**\$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

### Hearing Services and Hearing Aids

**\$0 copay** for one routine hearing exam per year.  
**\$0 copay** for evaluation and fitting of hearing aids.  
**\$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.

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**\$0 copay** for evaluation and fitting of hearing aids.  
**\$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.

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**\$0 copay** for evaluation and fitting of hearing aids.  
**\$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.

**Additional Benefits (continued)**

**Dental Services**

**\$0 copay** for the following services:

- 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 applicable

**\$0 copay** for the following services:

- 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.

**FHCP Medicare Rewards**

Rewards for completing certain preventive health screenings

Rewards for completing certain preventive health screenings

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

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All benefits are not available on all plans. 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. View the Discrimination and Accessibility Notice at [fhcpmedicare.com/ndnotice\\_ENG](http://fhcpmedicare.com/ndnotice_ENG) plus information on our free language assistance services. Or call 1-833-866-6559 (TTY: 1-800-955-8770). Puede ver la notificación de no discriminación y accesibilidad, además de información sobre nuestros servicios gratuitos de asistencia lingüística en [fhcpmedicare.com/ndnotice\\_SPA](http://fhcpmedicare.com/ndnotice_SPA). O llame al 1-833-866-6559 (TTY: 1-877-955-8773).