

## Benefits at-a-Glance

FHCP Medicare Rx Plus (HMO-POS) H1035-002

To get a complete list of services we cover, you can view the Evidence of Coverage for this plan on our website. If you are a member, you can view the Evidence of Coverage by logging in to your member portal.

### Plan Costs & Details

**How much is the monthly premium?** **\$49** 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?** **\$6,750** for services you receive from In-Network providers

### Medical & Hospital Benefits

**Doctor's Office Visits** **\$0 copay** Primary Care Physician  
**\$40 copay** Specialist

**Preventive Care** **\$0 copay**

**Inpatient Hospital** Days 1-6: **\$350 copay** per day.  
After the 6th day the plan pays 100% of covered expenses.

**Outpatient Hospital** **\$350 copay**

**Outpatient Surgery** **\$275 copay** in an Ambulatory Surgical Center  
**\$350 copay** in an Outpatient Hospital Facility

**Urgently Needed Services** **\$0 copay** per visit at an FHCP Extended Hours Care Center  
**\$40 copay** at an Urgent Care Center

**Emergency Room** **\$130 copay**

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

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<b>Deductible</b>	<b>\$615 per year</b> for Part D prescription drugs. Applies only to Part D drugs in Tiers 4 and 5.
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<b>Out-of-Pocket Max</b>	<b>\$2,100</b>
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### What you pay at a Preferred Pharmacy for a 31-day supply

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

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

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### 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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### 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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### Preferred Fitness Program

Free access to participating fitness centers and gyms in FHCP Medicare's service area with no restrictions and no visit limits.

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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 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).