Florida Blue MEDICARE | FHCP Medicare

Benefits at-a-Glance

FHCP Medicare Classic (HMO) H1035-040

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?	**$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?	**$9,250** for services you receive from In-Network providers

Medical & Hospital Benefits

Doctor's Office Visits	**$0 copay** Primary Care Physician **$50 copay** Specialist
Preventive Care	**$0 copay**
Inpatient Hospital	Days 1-5: **$480 copay** per day. After the 5th day the plan pays 100% of covered expenses.
Outpatient Hospital	**$480 copay**
Outpatient Surgery	**$380 copay** in an Ambulatory Surgical Center **$480 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	**$115 copay**

Part D Prescription Drug Benefits[1]

Deductible	**$615** per year for Part D prescription drugs. Applies only to Part D drugs in Tiers 4 and 5.
Out-of-Pocket Max	**$2,100**

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

Tier 1 (Preferred Generic)	**$0 copay**
Tier 2 (Generic)	**$10 copay**
Tier 3 (Preferred Brand)	**$44 copay**
Tier 4 (Non-Preferred Drug)	Deductible then **25% coinsurance**
Tier 5 (Specialty)	Deductible then **25% coinsurance**
Tier 6 (Vaccines)	**$0 copay**

[1] 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)	**$27 copay**
Tier 3 (Preferred Brand)	**$129 copay**
Tier 4 (Non-Preferred Drug)	Deductible then **25% coinsurance**

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

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. 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 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. O llame al 1-833-866-6559 (TTY: 1-877-955-8773).