Florida Blue MEDICARE

FHCP Medicare

2026 Enrollment Guide

Brevard, Flagler, Seminole, St. Johns and Volusia Counties

FHCP Medicare Rx Plus (HMO-POS) H1035-002
FHCP Medicare Classic (HMO) H1035-040

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Welcome

Inside, there's everything you need to become a part of the FHCP Medicare community.

This booklet will help make enrolling in FHCP Medicare as easy as possible. It also explains what will happen immediately after you're enrolled, and how to start finding out just how FHCP Medicare is your Partner in Good Health.

This booklet contains:

A **summary of benefits** included in your plan

Information about your plan's **provider network** and how to find a doctor

Information on Medicare **prescription drug benefits** and how to save as much money as possible on prescription drugs

Enrollment steps that will walk you through the process

All the forms you need to enroll in your plan

Information on what happens **after you enroll** in your plan and what to expect

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If you have questions… We are available.

1-844-672-7324 (TTY: 1-800-955-8770)

October 1 to March 31: 7 days a week from 8 a.m. to 8 p.m. local time, except for Thanksgiving and Christmas and from
April 1 to September 30: Monday through Friday, from 8 a.m. to 8 p.m. local time

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What is Medicare Advantage?

Medicare Advantage plans are health plans offered by private insurers that contract with Medicare.

ORIGINAL MEDICARE

Provided by the federal government

Covers hospital stays, skilled nursing facilities and home health care

Covers doctor visits and many outpatient services, such as lab tests, X-rays and physical therapy

MEDICARE SUPPLEMENT PLAN

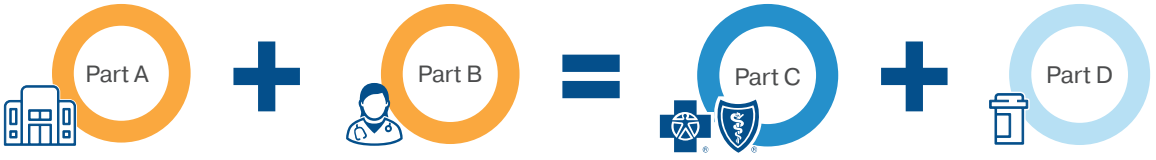
Covers some or all out-of-pocket costs not covered by Parts A and B, like deductibles, copays and coninsurance

MEDICARE PART D PLAN

Covers prescription drugs

MEDICARE ADVANTAGE PLAN

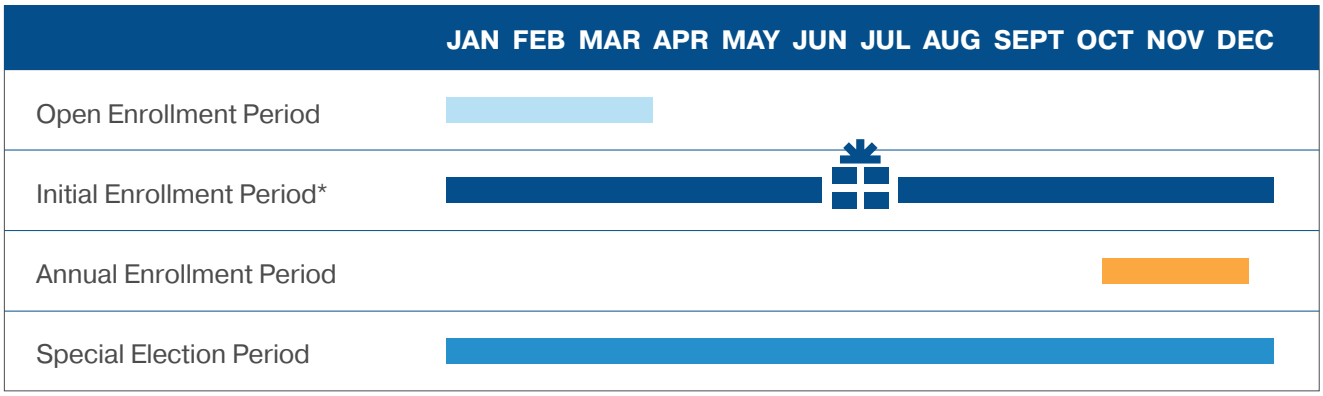
Offered by private insurance companies



Combines **Original Medicare** Part A and Part B in one plan

Many plans offer additional benefits not covered by Original Medicare, plus **MAPD plans** include prescription drug coverage.

Important Medicare Enrollment Information



* 3 months before/after and including the month of your 65th birthday.

Open Enrollment Period (OEP)

OEP runs **January 1 through March 31.** During this period if you are enrolled in a Medicare Advantage (MA) plan, you are allowed to make a one-time election to go to another MA plan or to Original Medicare. If you enroll in Original Medicare, you may also purchase a Medicare Supplement and/or a Prescription Drug Plan.

Note: There is no guaranteed-issue enrollment period for Medicare Supplement plans.

Annual Enrollment Period (AEP)

Every year, from **October 15 through December 7,** you can switch, drop or join the Medicare Advantage or Medicare Prescription Drug Plan of your choosing. You can also enroll in Original Medicare. Your plan selection becomes effective January 1 of the following year.

Initial Enrollment Period

When you become eligible for Medicare, you can enroll in Original Medicare or a Medicare health or Prescription Drug Plan three months before the month you turn 65, the **month of your birthday**, and the three months after the month of your birthday.

Special Election Period (SEP)

After certain events, such as a recent move or losing your employer or union coverage, you may be eligible for a Special Election Period. If you think you qualify, talk to your local sales agent.

Florida Blue MEDICARE | FHCP Medicare

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[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)	**$0 copay**
Tier 3 (Preferred Brand)	**$42 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)	**$0 copay**
Tier 3 (Preferred Brand)	**$123 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	**$15 copay** for annual routine eye exam **$90 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.
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).

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).

Notes

Florida Blue MEDICARE
Your Health Solutions Partner

FHCP Medicare

2026 Summary of Benefits

Medicare Advantage Plans with Part D Prescription Drug Coverage

FHCP Medicare **Rx Plus** (HMO-POS) H1035-002
FHCP Medicare **Classic** (HMO) H1035-040

1/1/2026 – 12/31/2026

Our service area includes:

Brevard, Flagler, Seminole, St. Johns and Volusia Counties

This is a summary of what our plan covers and what you pay. For a complete list of covered services, limitations and exclusions, you may view the **"Evidence of Coverage"**. For a complete list of the drugs we cover you may view the List of Covered Drugs (**"Formulary"**). The "Evidence of Coverage" and "Formulary" for these plans are on our website, **www.fhcpmedicare.com** or you can call us for assistance.

If you want to know more about the coverage and costs of Original Medicare, look in your *Medicare & You 2026* handbook. View it online at **www.medicare.gov** or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Who Can Join?

To join, you must:

- be entitled to Medicare Part A; and
- be enrolled in Medicare Part B; and
- live in **our service area.**

Our service area includes the following counties in Florida: Brevard, Flagler, Seminole, St. Johns and Volusia

Which doctors, hospitals, and pharmacies can I use?

FHCP Medicare Classic (HMO) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, you may pay more for these services.

FHCP Medicare Rx Plus (HMO-POS) has a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, you may pay more for these services. However, our Optional Point of Service benefit allows you to get care from providers not in our network, as long as they are Medicare participating.

- You can see our plan's provider and pharmacy directories on our website or call us, and we will send you a copy of the provider and pharmacy directories.
    - Provider directory - https://fhcpmedicare.com/providersearch
    - Pharmacy directory - https://fhcpmedicare.com/pharmacysearch

Have Questions? Call Us

- **If you are a member of one of these plans, call us at 1-833-866-6559, TTY: 1-800-955-8770.**
- **If you are not a member of one of these plans, call us at 1-844-672-7324, TTY: 1-800-955-8770.**

- From October 1 through March 31, we are open seven days a week, from 8:00 a.m. to 8:00 p.m. local time, except for Thanksgiving and Christmas.
- From April 1 through September 30, we are open Monday through Friday, from 8:00 a.m. to 8:00 p.m. local time, except for major holidays.

- Or visit our website at **www.fhcpmedicare.com**.

Important Information

Throughout this document you will see the symbols below:

* Services with this symbol may require approval in advance (a referral) from your Primary Care Doctor (PCP) in order for the plan to cover them.

◊ Services with this symbol may require prior authorization from the plan before you receive services.

If you do not get a referral or prior authorization when required, you may have to pay the full cost of the services. Please refer to the "Evidence of Coverage" for more information about services that require a referral and/or prior authorization from the plan.

Monthly Premium, Deductible and Limits

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
Monthly Plan Premium	• $49.00 You must continue to pay your Medicare Part B premium.	• $0 You must continue to pay your Medicare Part B premium.
Annual Deductible	• $0 per year for medical services. • $615 per year for Part D prescription drugs. Applies to Tiers 4 and 5. • There is no deductible for insulins.	• $0 per year for medical services. • $615 per year for Part D prescription drugs. Applies to Tiers 4 and 5. • There is no deductible for insulins.

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
Maximum Out-of-Pocket Responsibility (MOOP) (does not include prescription drugs)	• $6,750 • This is the most you pay for Medicare-covered medical services from in-network providers for the year. • Once you reach the maximum out-of-pocket (MOOP), our plan pays 100% of covered medical services. • Premium and prescription drug costs do not count toward your MOOP.	• $9,250 • This is the most you pay for Medicare-covered medical services from in-network providers for the year. • Once you reach the maximum out-of-pocket (MOOP), our plan pays 100% of covered medical services. • Premium and prescription drug costs do not count toward your MOOP.

Medical and Hospital Benefits

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
Inpatient Hospital Coverage *◊ (Covers an unlimited number of days for an inpatient hospital stay)	• $350 copay per day for days 1-6 • $0 copay per day for days 7-90	• $480 copay per day for days 1-5 • $0 copay per day for days 6-90
Outpatient Hospital Coverage *◊	• Medicare-covered services: $350 copay per visit • Observation services: $350 copay per stay	• Medicare-covered services: $480 copay per visit • Observation services: $480 copay per stay
Ambulatory Surgical Center (ASC) Services *◊	• Surgery services: $275 copay	• Surgery services: $380 copay

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040

Doctor Visits	• PCP: $0 copay
	• Specialist ***◊**:
	  o $8 copay for each physiatrist visit
	  o $40 copay for all other specialist visits
		• PCP: $0 copay
		• Specialist ***◊:**
		  o $5 copay for each physiatrist visit
		  o $50 copay for all other specialist visits

Preventive Care
 	
(Medicare-covered Services)
	$0 copay
	
	• Abdominal aortic aneurysm screenings
	• Alcohol misuse screenings & counseling
	• Bone mass measurements
	• Cardiovascular disease screenings
	• Cardiovascular disease (behavioral therapy)
	• Cervical & vaginal cancer screenings
	• Colorectal cancer screenings
	  o Blood-based biomarker tests
	  o Colonoscopies
	  o Computed tomography (CT) colonography
	  o Fecal occult blood tests
	  o Flexible sigmoidoscopies
	  o Multi-target stool DNA tests
	• Counseling to prevent tobacco use & tobacco-caused disease
	• Depression screenings
	• Diabetes screenings
	• Diabetes self-management training
	• Glaucoma screenings
		$0 copay
		
		• Abdominal aortic aneurysm screenings
		• Alcohol misuse screenings & counseling
		• Bone mass measurements
		• Cardiovascular disease screenings
		• Cardiovascular disease (behavioral therapy)
		• Cervical & vaginal cancer screenings
		• Colorectal cancer screenings
		  o Blood-based biomarker tests
		  o Colonoscopies
		  o Computed tomography (CT) colonography
		  o Fecal occult blood tests
		  o Flexible sigmoidoscopies
		  o Multi-target stool DNA tests
		• Counseling to prevent tobacco use & tobacco-caused disease
		• Depression screenings
		• Diabetes screenings
		• Diabetes self-management training
		• Glaucoma screenings

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
	• Hepatitis B shots • Hepatitis B Virus (HBV) infection screenings • Hepatitis C screening tests • HIV screenings • Lung cancer screenings • Mammograms (screening) • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Obesity behavioral therapy • One-time "Welcome to Medicare" preventive visit • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screenings • Sexually transmitted infections screenings & counseling • Shots: o COVID-19 vaccines o Flu shots o Hepatitis B shots o Pneumococcal shots • Yearly "Wellness" visit	• Hepatitis B shots • Hepatitis B Virus (HBV) infection screenings • Hepatitis C screening tests • HIV screenings • Lung cancer screenings • Mammograms (screening) • Medical nutrition therapy services • Medicare Diabetes Prevention Program • Obesity behavioral therapy • One-time "Welcome to Medicare" preventive visit • Pre-exposure prophylaxis (PrEP) for HIV prevention • Prostate cancer screenings • Sexually transmitted infections screenings & counseling • Shots: o COVID-19 vaccines o Flu shots o Hepatitis B shots o Pneumococcal shots • Yearly "Wellness" visit
Emergency Care	• $130 copay per visit • Copay is waived if admitted to the hospital within 24 hours of an emergency room visit for the same condition.	• $115 copay per visit • Copay is waived if admitted to the hospital within 24 hours of an emergency room visit for the same condition.
Worldwide Emergency Care	• $130 copay	• $115 copay

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
	• Worldwide emergency care, worldwide urgently needed services and worldwide emergency transportation have a $25,000 coverage limit. Copay is waived if admitted to the hospital. • There is no coverage for care outside of the emergency room or emergency hospital admission.	• Worldwide emergency care, worldwide urgently needed services and worldwide emergency transportation have a $25,000 coverage limit. Copay is waived if admitted to the hospital. • There is no coverage for care outside of the emergency room or emergency hospital admission.
Urgently Needed Services	• Urgent Care Center: $40 copay • FHCP Extended Hours Care Center: $0 copay	• Urgent Care Center: $40 copay • FHCP Extended Hours Care Center: $0 copay
Worldwide Urgent Care	• $40 copay • Worldwide emergency care, worldwide urgently needed services and worldwide emergency transportation have a $25,000 coverage limit. Copay is not waived if admitted to the hospital.	• $40 copay • Worldwide emergency care, worldwide urgently needed services and worldwide emergency transportation have a $25,000 coverage limit. Copay is not waived if admitted to the hospital.
Diagnostic Services / Labs / Imaging *◊		
Laboratory Services	• $0 copay	• $0 copay
X-Rays	• $10 - $50 copay	• $10 - $50 copay
Diagnostic Radiology Services (MRI, MRA, PET, CT scan, CTA, Nuclear Medicine)	• $10 - $275 copay	• $10 - $380 copay
Diagnostic Test and Procedures	• $0 - $350 copay	• $0 - $480 copay
Radiation Therapy	• 20% coinsurance	• 20% coinsurance

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Hearing Services		
Medicare-covered *	• $45 copay (Basic Hearing and Balance Exams)	• $45 copay (Basic Hearing and Balance Exams)
Additional Hearing Services	• Routine hearing exam: $0 copay • Evaluation and fitting: $0 copay • Hearing Aids: $300 per ear. You pay a $0 copay for up to 2 hearing aids every year with a maximum benefit allowance of $300 per ear. • NOTE: Hearing aids must be purchased through our participating provider. • Member is responsible for any amount after the benefit allowance has been applied.	• Routine hearing exam: $0 copay • Evaluation and fitting: $0 copay • Hearing Aids: $300 per ear. You pay a $0 copay for up to 2 hearing aids every year with a maximum benefit allowance of $300 per ear. • NOTE: Hearing aids must be purchased through our participating provider. • Member is responsible for any amount after the benefit allowance has been applied.
Dental Services		
Medicare-covered *◊	• Non-routine care: $40 copay	• Non-routine care: $50 copay
Additional Dental Services	• Not Covered	• Preventive care: $0 copay per service. Preventive dental services include routine exams, cleanings, and X-rays per calendar year • Comprehensive care: $0 copay per service. Comprehensive dental services include a denture adjustment and an extraction per calendar year. • *See the Evidence of Coverage for full details, including frequency limits and provider network information.*

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
Vision Services		
Medicare-covered	• Optometrist services: $15 copay • Ophthalmologist services*: $40 copay • Glaucoma screening: $0 copay • Diabetic Retinal Exam: $0 copay • Eyeglasses or Contact Lenses: $0 copay. One pair after cataract surgery.	• Optometrist services: $0 copay • Ophthalmologist services*: $50 copay • Glaucoma screening: $0 copay • Diabetic Retinal Exam: $0 copay • Eyeglasses or Contact Lenses: $0 copay. One pair after cataract surgery.
Additional Vision Services	• Routine eye exam: $15 copay • Eyeglasses (lenses and frames): Plan pays up to $90 every 2 years from a participating Optometrist.	• Routine eye exam: $0 copay • Eyeglasses (lenses and frames): Plan pays up to $180 every 2 years from a participating Optometrist.
Mental Health Services		
Inpatient Psychiatric Hospital *◊	• $350 copay per day for days 1-6 • $0 copay per day for days 7-90 • 90 days maximum per stay with a lifetime maximum of 190 days.	• $480 copay per day for days 1-4 • $0 copay per day for days 5-90 • 90 days maximum per stay with a lifetime maximum of 190 days.
Outpatient Mental Health Therapy *	• Individual sessions: $40 copay • Group sessions: $40 copay	• Individual sessions: $50 copay • Group sessions: $50 copay
Skilled Nursing Facility (SNF) *◊ (Covers up to 100 days per benefit period)	• $0 copay per day for days 1-20 • $218 copay per day for days 21-100 • No prior hospital stay is required.	• $0 copay per day for days 1-20 • $218 copay per day for days 21-100 • No prior hospital stay is required.
Physical Therapy *	• $25 copay	• $25 copay
Speech Therapy *	• $25 copay	• $25 copay

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Occupational Therapy *	• $25 copay	• $25 copay
Lymphedema Therapy *◊	• $25 copay for home-based lymphedema therapy	• $25 copay for home-based lymphedema therapy
Ambulance ◊ (one-way trip)	• Ground: $175 copay • Air: 20% coinsurance	• Ground: $265 copay • Air: 20% coinsurance
Worldwide Emergency Transportation	• $175 copay • Worldwide emergency care, worldwide urgently needed services, and worldwide emergency transportation have a $25,000 coverage limit. Copay is not waived if admitted to the hospital.	• $265 copay • Worldwide emergency care, worldwide urgently needed services, and worldwide emergency transportation have a $25,000 coverage limit. Copay is not waived if admitted to the hospital.
Medicare Part B Drugs ◊	• Chemotherapy drugs: Up to 20% coinsurance • Infusion drugs: Up to 20% coinsurance • Contrast Materials: Up to 20% coinsurance • Other Part B drugs: Up to 20% coinsurance • Part B Insulin: Up to $35 per month	• Chemotherapy drugs: Up to 20% coinsurance • Infusion drugs: Up to 20% coinsurance • Contrast Materials: Up to 20% coinsurance • Other Part B drugs: Up to 20% coinsurance • Part B Insulin: Up to $35 per month

Optional Supplemental Benefit

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
Premium and Other Important Information The Optional Point-of-Service (POS) benefit is "Open Access," meaning you do not need a referral if you need specialized treatment. The Optional POS benefit is limited to contract HMO participating providers or facilities AND Medicare participating providers and facilities outside of FHCP Medicare's network.	Optional Point-of-Service Benefit $119 ($70 monthly premium plus your $49.00 monthly plan premium) in addition to your monthly Medicare Part B premium.	Not Covered
Maximum Out-of-Pocket responsibility (out-of-network)	• $8,000 Annually • This is the most you pay for Medicare-covered services from out-of-network providers for the year.	Not Covered
Inpatient Hospital Care ◊ (out-of-network) (Covers an unlimited number of days for an inpatient hospital stay)	• $350 copay (days 1-6) • $0 copay (days 7-999)	Not Covered
Inpatient Services in a Psychiatric Hospital ◊ (out-of-network)	• $350 copay (days 1-6) • $0 copay (days 7-90)	Not Covered
Skilled Nursing Facility ◊ (out-of-network)	• $0 (days 1-20) • $218 (days 21-100)	Not Covered

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
Group 1 – 20% coinsurance (out-of-network)		
Medicare-covered service categories include: ▪ Home Health Services ▪ Outpatient Diagnostic Tests and Therapeutic Services and Supplies ▪ Outpatient Hospital Services, including Surgery and Observation Services ◊ ▪ Ambulatory Surgical Center ◊ ▪ Durable Medical Equipment ▪ Prosthetics/Medical Supplies ▪ Diabetic Supplies/Services ▪ Medicare Part B Drugs ◊ ▪ Preventive Services	20% coinsurance **NOTE:** Coinsurance is based on the Medicare Fee Schedule in effect at the time of service.	Not Covered
Group 2 - $50 copay (out-of-network)		
Medicare-covered service categories include: ▪ Primary Care or Specialty physicians	$50 copay	Not Covered

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
▪ Outpatient Rehab (Cardiac, Intensive Cardiac, Pulmonary, Occupational, Physical & Speech-Language Pathology Therapy and Supervised Exercise Therapy) ▪ Podiatry ▪ Chiropractic ▪ Outpatient Mental Health & Psychiatric Services ▪ Outpatient Substance Use Disorder & Opioid Treatment Services ▪ Comprehensive Dental		

Part D Prescription Drug Benefits

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
Deductible Stage	• The Deductible Stage is the first payment stage for your drug coverage. You will pay a yearly deductible of $615 which applies to Tiers 4 and 5 drugs. • You must pay the full cost of your Tiers 4 and 5 drugs until you reach the plan's deductible amount. • The deductible does not apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines. For all other drugs, you will not have to pay any deductible. The full cost is usually lower than the normal full price of the drug since our plan has negotiated lower costs for most drugs at network pharmacies. • Once you have paid $615 which applies to Tiers 4 and 5 drugs, you leave the Deductible Stage and move on to the Initial Coverage Stage.	• The Deductible Stage is the first payment stage for your drug coverage. You will pay a yearly deductible of $615 which applies to Tiers 4 and 5 drugs. • You must pay the full cost of your Tiers 4 and 5 drugs until you reach the plan's deductible amount. • The deductible does not apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines. For all other drugs, you will not have to pay any deductible. The full cost is usually lower than the normal full price of the drug since our plan has negotiated lower costs for most drugs at network pharmacies. • Once you have paid $615 which applies to Tiers 4 and 5 drugs, you leave the Deductible Stage and move on to the Initial Coverage Stage.
Initial Coverage Stage	• You begin in this stage after you meet your deductible (if applicable). During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.	• You begin in this stage after you meet your deductible (if applicable). During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
	• In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you have paid a combined total of **$2,100**, which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage. You must get your drugs at network retail and mail order pharmacies.	• In this stage, you'll pay your plan copays or coinsurance. The plan pays the rest. Once you have paid a combined total of **$2,100,** which includes the amount you paid towards your deductible, you move to the Catastrophic Coverage stage. You must get your drugs at network retail and mail order pharmacies.
Tier Drug Coverage	**Preferred Retail (31-day supply)**	**Preferred Retail (31-day supply)**
Tier 1 - Preferred Generic	$0 copay	$0 copay
Tier 2 - Generic	$0 copay	$10 copay
Tier 3 - Preferred Brand	$42 copay	$44 copay
Tier 4 - Non-Preferred Drug	25% coinsurance	25% coinsurance
Tier 5 - Specialty Tier	25% coinsurance	25% coinsurance
Tier 6 - Vaccines	$0 copay	$0 copay
Tier Drug Coverage	**Standard Retail/LTC (31-day supply)**	**Standard Retail/LTC (31-day supply)**
Tier 1 - Preferred Generic	$17 copay	$17 copay
Tier 2 - Generic	$20 copay	$20 copay
Tier 3 - Preferred Brand	$47 copay	$47 copay
Tier 4 - Non-Preferred Drug	25% coinsurance	25% coinsurance
Tier 5 - Specialty Tier	25% coinsurance	25% coinsurance

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
Tier 6 - Vaccines	$0 copay	$0 copay
Tier Drug Coverage	**Mail Order (93-day supply)**	**Mail Order (93-day supply)**
Tier 1 - Preferred Generic	$0 copay	$0 copay
Tier 2 - Generic	$0 copay	$27 copay
Tier 3 - Preferred Brand	$123 copay	$129 copay
Tier 4 - Non-Preferred Drug	25% coinsurance	25% coinsurance
Tier 5 - Specialty Tier	Not Applicable	Not Applicable
Tier 6 - Vaccines	Not Applicable	Not Applicable

You won't pay more than $35 for a one-month supply of each covered insulin product regardless of the drug tier, even if you haven't paid your deductible.

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
Catastrophic Coverage Stage	• You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the **$2,100** limit for the calendar year. During the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You will stay in this payment stage until the end of the calendar year.	• You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the **$2,100** limit for the calendar year. During the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You will stay in this payment stage until the end of the calendar year.

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
Additional Information About Drug Coverage	• For a complete list of the drugs we cover see the plan's **"Formulary"** and to see information about the cost of drugs see the plan's **"Evidence of Coverage"**. These documents are on our website (**www.fhcpmedicare.com**) or you can call us. If you request a formulary exception, and the plan approves it, you will pay **Tier 4 (Non-Preferred Drug)** cost-sharing. • Your cost-sharing may be different if you use a Long-Term Care (LTC) pharmacy, a home infusion pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 93 days) of a drug. • Our plan covers most Part D vaccines at no cost to you including shingles, tetanus and travel vaccines. No cost vaccines are listed in FHCP Medicare's formulary under Tier 6.	• For a complete list of the drugs we cover see the plan's **"Formulary"** and to see information about the cost of drugs see the plan's **"Evidence of Coverage"**. These documents are on our website (**www.fhcpmedicare.com**) or you can call us. If you request a formulary exception, and the plan approves it, you will pay **Tier 4 (Non-Preferred Drug)** cost-sharing. • Your cost-sharing may be different if you use a Long-Term Care (LTC) pharmacy, a home infusion pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 93 days) of a drug. • Our plan covers most Part D vaccines at no cost to you including shingles, tetanus and travel vaccines. No cost vaccines are listed in FHCP Medicare's formulary under Tier 6.

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
	• The Medicare Prescription Payment Plan is a payment option to help Medicare beneficiaries spread out their out-of-pocket drug costs across the calendar year (January to December). Participation is voluntary and there is no cost to enroll. You can enroll in the payment plan by calling 1-844-368-8729, hours are 5:00 a.m. - 10:00 p.m., CST, 7 days a week. • For more information about the payment plan, call 1-844-368-8729 or visit our website at https://www.fhcpmedicare.com/medicare/resources-and-tools/additional-plan-information/medicare-prescription-payment-plan/.	• The Medicare Prescription Payment Plan is a payment option to help Medicare beneficiaries spread out their out-of-pocket drug costs across the calendar year (January to December). Participation is voluntary and there is no cost to enroll. You can enroll in the payment plan by calling 1-844-368-8729, hours are 5:00 a.m. - 10:00 p.m., CST, 7 days a week. • For more information about the payment plan, call 1-844-368-8729 or visit our website at https://www.fhcpmedicare.com/medicare/resources-and-tools/additional-plan-information/medicare-prescription-payment-plan/.

Additional Medical Benefits

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
Diabetic Monitoring Supplies ◊	• 50 test strips/sensors: 20% of the total cost • Lancets: 20% of the total cost • Glucometer: 0% of the total cost	• 50 test strips/sensors: 20% of the total cost • Lancets: 20% of the total cost • Glucometer: 0% of the total cost
Podiatry Medicare-covered	• $30 copay	• $50 copay
Chiropractic (manual manipulation of the spine to correct subluxation)	• $15 copay	• $15 copay
Durable Medical Equipment (DME) and Supplies ◊	• 20% of the cost	• 20% of the cost
Telehealth		
Contracted Vendor	• General Medicine: $10 copay • Mental Health/Behavioral Health: $30 copay	• General Medicine: $10 copay • Mental Health/Behavioral Health: $30 copay
FHCP Staff Provider	• PCP: $0 copay • Specialist: $0 copay • Outpatient Mental Health & Psychiatric Services (Individual sessions only): $0 copay • Opioid Treatment Program Services: $0 copay • Outpatient Substance Use Disorder Services (Individual sessions only): $0 copay	• PCP: $0 copay • Specialist: $0 copay • Outpatient Mental Health & Psychiatric Services (Individual sessions only): $0 copay • Opioid Treatment Program Services: $0 copay • Outpatient Substance Use Disorder Services (Individual sessions only): $0 copay

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
	• Dietician Services and Diabetes Self-Management Training (through FHCP Medicare's Clinical staff by appointment only): $0 copay	• Dietician Services and Diabetes Self-Management Training (through FHCP Medicare's Clinical staff by appointment only): $0 copay

Additional Benefits

	FHCP Medicare Rx Plus (HMO-POS) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-002	FHCP Medicare Classic (HMO) Brevard, Flagler, Seminole, St. Johns and Volusia H1035-040
Preferred Fitness Program	• Free access to participating fitness centers and gyms in FHCP Medicare's service area with no restrictions and no visit limits.	• Free access to participating fitness centers and gyms in FHCP Medicare's service area with no restrictions and no visit limits

Disclaimers

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

This information is not a complete description of benefits. Call our Service Center at 1-844-672-7324 (TTY users call 1-800-955-8770) for more information.

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.

Plans may offer supplemental benefits in addition to Part C benefits and Part D benefits.

Section 1557 Notification: Discrimination is Against the Law

We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability, or sex (consistent with the scope of sex discrimination described at 45 CFR § 92.101(a)(2)). We do not exclude people or treat them less favorably because of race, color, national origin, age, disability, or sex.

We provide:

- People with disabilities reasonable modifications and free appropriate auxiliary aids and services to communicate effectively with us, such as:
    - Qualified sign language interpreters
    - Written information in other formats (large print, audio, accessible electronic formats, other formats)
- Free language assistance services to people whose primary language is not English, which may include:
    - Qualified Interpreters
    - Information written in other languages

If you need reasonable modifications, appropriate auxiliary aids and services, or language assistance services, contact:

- Florida Health Care Plans (Group & Individual): 1-877-615-4022
- FHCP Medicare: 1-833-866-6559

If you believe that we have failed to provide these services or discriminated in another way on the basis of race, color, national origin, age, disability, or sex, you can file a grievance with:

Florida Health Care Plans (Group & Individual members):
Florida Health Care Plans
Civil Rights Coordinator
PO Box 9910
Daytona Beach, FL 32120-0910
Phone: 1-844-219-6137
TTY: 1-800-955-8770
Fax: 386-676-7149
Email: rights@fhcp.com

FHCP Medicare members:
FHCP Medicare
Civil Rights Coordinator
PO Box 9910
Daytona Beach, FL 32120-0910
Phone: 1-844-219-6137
TTY: 1-800-955-8770
Fax: 386-676-7149
Email: rights@fhcp.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Civil Rights Coordinator is available to help you.

You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically through the Office for Civil Rights Complaint Portal, available at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf, or by mail or phone at:

U.S. Department of Health and Human Services
200 Independence Avenue, SW

Room 509F, HHH Building
Washington, D.C. 20201
1-800-368-1019, 800-537-7697 (TDD)

Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.
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Se encuentran a su disposición los servicios gratuitos de idiomas, de ayuda auxiliar y de formato alternativo. Llame al número 1-877-615-4022, a Medicare al 1-833-866-6559, (TTY 711).

Có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí, thiết bị hỗ trợ và các định dạng thay thế. Vui lòng gọi 1-877-615-4022, Medicare 1-833-866-6559, (TTY 711).

Gen èd oksilyè pou ede w nan lòt lang ak sèvis nan lòt fòma ki disponib gratis. Rele nan 1-877-615-4022, oswa rele Medicare nan 1-833-866-6559 (TTY 711).

Estão disponíveis, gratuitamente, serviços de tradução, assistência e formatos alternativos. Ligue para 1-877-615-4022, Medicare 1-833-866-6559 (TTY 711).

免费语言服务、辅助援助及替代格式服务均已开放。欢迎致电以下号码 普通咨询1-877-615-4022 医疗保险 Medicare)1-833-866-6559 听障专线TTY)711。

Des services linguistiques, d'aide auxiliaire et de supports alternatifs vous sont proposés gratuitement. Appelez le 1-877-615-4022, le Medicare au 1-833-866-6559 (ATS 711).

May makukuhang mga libreng serbisyo sa wika, karagdagang tulong at mga alternatibong anyo. Tumawag sa 1-877-615-4022, Medicare 1-833-866-6559, (TTY 711).

Предоставляются бесплатные языковые услуги, вспомогательные материалы и услуги в альтернативных форматах. Звоните 1-877-615-4022, Medicare 1-833-866-6559 (номер для текст-телефонных устройств (TTY) 711).

الخدمات المجانية للغة، والمساعدة الإضافية، وتنسيقات بديلة متاحة. يرجى الاتصال على:
برنامج 1-877-615-4022 Medicare: 1-833-866-6559 (لذوي الإعاقة السمعية TTY: 711)

Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Telefono: 1-877-615-4022, Medicare: 1-833-866-6559, (TTY 711).

Kostenloser Service für Sprachen, Hilfsmittel und alternative Formate verfügbar. Telefon 1-877-615-4022, Medicare 1-833-866-6559 (TTY 711).

무료 언어, 보조 기구 및 대체 형식 서비스를 이용할 수 있습니다. 전화 1-877-615-4022, 메디케어 1-833-866-6559, (TTY 711).

Bezpłatna pomoc językowa, pomoc dodatkowa oraz usługi różnego rodzaju są dostępne. Zadzwoń pod numer 1-877-615-4022, Medicare 1-833-866-6559, (TTY 711).

મફત ભાષા, સહાયક મદદ અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે.
1-877-615-4022, Medicare 1-833-866-6559, (TTY 711) પર કૉલ કરો.

มีบริการภาษา ความช่วยเหลือเพิ่มเติม และบริการในรูปแบบอื่น ๆ ฟรี โทร 1-877-615-4022, Medicare 1-833-866-6559 (TTY 711)

無料の言語サービス、補助サービス、代替フォーマットサービスをご利用いただけます。1-877-615-4022、メディケア 1-833-866-6559 (TTY 711) までお電話ください。

T'áá free yíníłta'go saad bee áká anilyeedígíí, ałk'ida'áníígíí, dóó t'áá ajiłii hane' bee áká anilyeedígíí t'éiyá éí hołne'. 1-877-615-4022 bich'į' náhodoonih, Medicare bich'į' 1-833-866-6559 bich'į' náhodoonih, (TTY 711).

Notes

Florida Blue

MEDICARE

Your Health Solutions Partner

FHCP Medicare

Enrollment Forms

Steps that will walk you through the process and **all the forms** you need to enroll in your plan

Florida Blue MEDICARE | FHCP Medicare

Ready to sign up?

Have your Medicare ID card handy, and let's get started!

Choose the way to enroll that's best for you.

Paper: Use the paper enrollment form provided. Once you are done filling it out, you can mail the form to FHCP Medicare. (One form must be filled out for each person who enrolls.)

Online: Use the online form at **fhcpmedicare.com**. You'll be guided through the process of completing and submitting the enrollment form and the system will prompt you if you left anything missing or incomplete.

Licensed Sales Agent: An agent can help you choose the best plan for YOU and can also offer you help in filling out and submitting the enrollment form. The agent will be employed by or contracted with FHCP Medicare and may be paid based on your enrollment in a plan.

- Visit your local FHCP Welcome
- Center or agent; or
- Call and speak with one of our agents at **1-844-672-7324** (TTY 1-800-955-8770.)

Helpful tips for filling out your enrollment form.

- ✓ No matter which way you choose to enroll, make sure you don't skip any sections. If you leave out information, it may delay your start date.
- ✓ When choosing a plan, select only ONE plan name.
- ✓ Where requested, be sure to fill in the Part A and Part B effective dates from your Medicare ID card.
- ✓ If you choose an HMO plan, write in your choice for a primary care physician (PCP). If you do not write in your choice for a PCP, one will be assigned to you.
- ✓ If you are not signing up between October 15 and December 7, be sure to complete the "Attestation of Eligibility for an Enrollment Period" section.

Forms Used for Enrollment

Pre-Enrollment Checklist	This form provides important information you need to know before purchasing a plan.
Individual Enrollment Form	This is the form you complete to enroll in a FHCP Medicare Advantage plan.
Protected Health Information Authorization for Customer Service Inquiries	Complete this form if you need to give us permission to release your health information to someone. Send the original, not a photocopy, with your enrollment form. Otherwise, we will protect this information and release it only to you.
Scope of Sales Appointment (SOA) Confirmation Form	According to Medicare guidelines, agents can talk to you only about products you choose to discuss. Medicare asks you to complete an SOA form that shows which Medicare Advantage and/or Medicare Prescription Drug plans you wish to discuss. The form is intended to protect you. Completing the form does not mean you have enrolled in a plan. Your agent can complete this form with you by phone instead of using a paper copy.
Enrollment Verification Checklist	When you meet with an agent to enroll in a plan, the agent will look up how your plan covers medications that you take (including cost, tier and requirements/limitations). Your agent will also look up providers you use to see if they are in your network. Your agent will fill out this information on an enrollment verification checklist they provide and that you can take with you.

Florida Blue MEDICARE | FHCP Medicare

Pre-Enrollment Checklist

Before making an enrollment decision, it is important that you fully understand our benefits and rules. If you have any questions, you can call and speak to a customer service representative at 1-844-672-7324 (TTY: 1-800-955-8770).

Understanding the Benefits

- ☐ The Evidence of Coverage (EOC) provides a complete list of all coverage and services. It is important to review plan coverage, costs, and benefits before you enroll. Visit **www.fhcpmedicare.com** or call 1-844-672-7324 (TTY:1-800-955-8770) to view a copy of the EOC.
- ☐ Review the provider directory (or ask your doctors) to make sure the doctors you see now are in the network. If they are not listed, it means you will likely have to select new doctors.
- ☐ Review the pharmacy directory to make sure the pharmacy you use for prescription medicines is in the network. If your pharmacy is not listed, you will likely have to select a new pharmacy for your prescriptions.
- ☐ Review the formulary to make sure your drugs are covered.

Understanding Important Rules

- ☐ Effect on Current Coverage. If you are currently enrolled in a Medicare Advantage, your current Medicare Advantage healthcare will end once your new Medicare Advantage coverage starts. If you have Tricare, your coverage may be affected once your new Medicare Advantage coverage starts. Please contact Tricare for more information. If you have a Medigap plan, once your Medicare Advantage coverage starts, you may want to drop your Medigap policy because you will be paying for coverage you cannot use.
- ☐ In addition to your monthly plan premium, you must continue to pay your Medicare Part B premium. This premium is normally taken out of your Social Security check each month.
- ☐ Benefits, premiums and/or copayments/co-insurance may change on January 1, 2027.
- ☐ Except in emergency or urgent situations, we do not cover services provided by out-of-network providers (doctors who are not listed in the provider directory).

OMB No. 0938-1378 Expires: 12/31/2026

FHCP Medicare

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

You must complete all items unless they are indicated as optional. You can't be denied coverage for not including information that is marked as optional.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

FHCP Medicare
P.O. Box 45296
Jacksonville, FL 32232-5296

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS at 1-800-352-9824, Ext. 7160. TTY users can call 1-800-955-8770.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a FHCP Medicare Classic, FHCP Medicare Rx Plus, o FHCP Medicare Rx Plus POS al 1-800-352-9824, Ext. 7160 / TTY: 1-800-955-8773 o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

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FHCP Medicare

P.O. Box 45296 | Jacksonville, FL 32232-5296

A Medicare Advantage Health Care Plan

Individual Enrollment Form

Please check which plan you want to enroll in:

- ○ **FHCP Medicare Classic** $0 per month
- ○ **FHCP Medicare Rx Plus** $49 per month
- ○ **FHCP Medicare Rx Plus POS** $119 per month

First Name: | Last Name: | Middle Initial:

Birth Date:	Sex:	Home Phone Number:	Mobile Phone Number:
M M D D Y Y Y Y	○ M ○ F	( )	( )

Permanent Residence Street Address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):

City:	County:	State:	ZIP Code:

Mailing Address (only if different from your Permanent Residence Address):

Street Address:	City:	State:	ZIP Code:

By providing the information above, you confirm that you are the subscriber and/or authorized user of the phone numbers provided and you consent to receive calls and text messages at those number(s) from, and on behalf of, Florida Blue Medicare, Inc., DBA FHCP Medicare, its affiliates, including calls and texts using an automated telephone dialing system, prerecorded or artificial voice messages, or both without regard to state or federal limitations on the frequency of calls or messages. The types of calls and texts you consent to receive include messages about your plan and benefits, messages about servicing your accounts, and healthcare related and informational messages that are not for marketing purposes. You may revoke your consent at any time. Message frequency varies. Major carriers supported.

Please provide your Medicare insurance information:

Please take out your red, white and blue Medicare card to complete this section.

Medicare Number:	Part A Effective Date:	Part B Effective Date:
	M M D D Y Y Y Y	M M D D Y Y Y Y

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format:

Language: ○ Spanish

Accessible Format (Select One): ○ Braille ○ Large Print ○ Audio CD ○ Data CD

Please contact FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS at 1-800-352-9824, Ext. 7160 if you need information in an accessible format or language other than what is listed above. Our office hours are 8 a.m. – 5 p.m. local time, Monday through Friday. TTY users call 1-800-955-8770.

Please read and answer these important questions (Questions 2–5 are optional):

1. Will you have other **prescription** drug coverage (like VA, TRICARE) in addition to FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS? ○ Yes ○ No

   Name of other coverage: _____ ID # for this coverage: _____ Group # for this coverage: _____

2. Are you a resident in a long-term care facility, such as a nursing home? ○ Yes ○ No

   Name of Institution: _____ Phone Number: (____) ____ – ____

   Address (number and street): _____

3. Are you enrolled in your State Medicaid program? ○ Yes ○ No

   Medicaid number: _____

4. Do you or your spouse work? ○ Yes ○ No

5. Please choose the name of a Primary Care Physician (PCP), clinic or health center: _____

Paying Your Plan Premium:

- **For those members enrolling in FHCP Medicare Classic,** if we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it.
- **For those members enrolling in FHCP Medicare Rx Plus or FHCP Medicare Rx Plus POS,** you can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT), or Credit Card each month. We need to know how you would prefer to pay.

Please select a premium payment option (If you don't select a payment option, you will get a bill each month):

○ Get a bill

○ Electronic Funds Transfer (EFT) from your bank account each month. (FHCP Medicare will send you a letter with further instructions on how to set this up.)

○ Credit Card (FHCP Medicare will send you a letter with further instructions on how to set this up.)

○ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check

I get monthly benefits from: ○ Social Security ○ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay FHCP Medicare the Part D-IRMAA.

Attestation of Eligibility for an Enrollment Period

Typically, you may enroll in a Medicare Advantage plan only during the annual enrollment period from October 15 through December 7 of each year. There are exceptions that may allow you to enroll in a Medicare Advantage plan outside of this period.

Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ○ I am new to Medicare.
- ○ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ○ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I recently was released from incarceration. I was released on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I recently obtained lawful presence status in the United States. I got this status on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ○ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I recently left a PACE program on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I am leaving employer or union coverage on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I belong to a pharmacy assistance program provided by my state.
- ○ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ○ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I was affected by an emergency or major disaster (as declared by the Federal Emergency Management Agency (FEMA)) or by a Federal, state or local government entity. One of the other statements here applied to me, but I was unable to make my enrollment request because of the disaster.
- ○ I was enrolled in a plan that is experiencing financial difficulties to such an extent that a State or territorial regulatory authority has placed the organization in receivership.
- ○ I was enrolled in a plan identified with the low performing icon (LPI).

If none of these statements applies to you or you're not sure, please contact FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS at 1-800-352-9824, Ext. 7160 (TTY users should call 1-800-955-8770) to see if you are eligible to enroll. We are open 8 a.m. – 5 p.m. local time, Monday through Friday.

Please Read and Sign Below. By completing this enrollment application, I agree to the following:

- I must keep both Hospital (Part A) and Medical (Part B) to stay in FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS.
- I understand that my response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

- I understand that I can be enrolled in only one MA plan at a time – and that enrollment in this plan will automatically end my enrollment in another MA plan (exceptions apply for MA PFFS, MA MSA plans).
- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country except for limited coverage near the U.S. border.
- I understand that when my FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS coverage begins, I must get all of my medical and prescription drug benefits from FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS. Benefits and services provided by FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS and contained in my FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS will pay for benefits or services that are not covered.
- FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS services a specific area. If I move out of the area that FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS services, I need to notify the plan so I can disenroll and find a new plan in my area.
- **Release of Information:** By joining this Medicare health plan, I acknowledge that FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations.
- I also acknowledge that FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
- I understand that my signature (or the signature of the person legally authorized to act on my behalf under the laws of the State where I live) on this application means that I have read and understand the contents of this application. If signed by an authorized individual (as described above), this signature certifies that

  1) This person is authorized under State law to complete this enrollment; and

  2) Documentation of this authority is available upon request from Medicare.

Signature: _____ **Today's Date:** M M D D Y Y Y Y

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

Phone Number: ( ) – **Relationship to Enrollee:** _____

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name: _____ **Relationship to Enrollee:** _____

Signature: _____

National Producer Number (Agents/Brokers only): _____

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Email Communications

Email is a great way to stay in touch. Enter your email below to opt-in to receive email messages. By enrolling in paperless communications, you agree to receive messages electronically, which may include but not limited to, the Evidence of Coverage, Summary of Benefits, Notice of Privacy Practices, Proxy Statements, financial matters, and marketing. You understand and acknowledge that electronic communications may not be secure, you are responsible for and accept the risk you agree to accept the risk that electronic communications may be intercepted and/or read by a third party. By agreeing to receive electronic communications you agree to indemnify and hold Florida Blue, DBA FHCP Medicare and its affiliates harmless from any claim or cause of action against Florida Blue, DBA FHCP Medicare and its affiliates for delivering or other information to the address, phone number, or other contact information that you provide.

E-mail: | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicare Prescription Payment Plan Participation (Completion of this section is optional.)

○ Yes, I would like to participate in the Medicare Prescription Payment Plan.

- I understand this section is a request to participate in the Medicare Prescription Payment Plan. FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS will contact me if they need more information.
- I understand that signing below means I have read and understand this section and the "Terms and Conditions" below.
- FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active. Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.

Signature: _____ **Today's Date:** M M D D Y Y Y Y

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

Phone Number: (_____) _____ – _____ **Relationship to Enrollee:** _____

Terms and Conditions

- The program is free to join, there are no fees or interest charged under the program, and the program does not lower the amount of cost-sharing you owe for your Part D prescriptions.
- If you qualify for Low Income Subsidy (LIS), enrollment in LIS is more advantageous than participation in the Medicare Prescription Payment Plan.
- You may opt out of the program at any time. If you opt out, you will still be responsible for paying any remaining balance.

- It is important to pay your bill monthly. Your participation in the Medicare Prescription Payment Plan will be terminated if you fail to pay your monthly billed amount before the end of the grace period.
- If you are disenrolled voluntarily or involuntarily from our Part D plan you will also be terminated from the Medicare Prescription Payment Plan. If you enroll in a different plan, you may opt into the Medicare Prescription Payment Plan under your new plan.
- We cannot require you to answer questions about or provide documentation to prove your ability to pay your Medicare Prescription Payment Plan balance as a condition of you participating in the Medicare Prescription Payment Plan. We also cannot obtain a copy of your credit report from a consumer reporting agency.
- The Part D appeals and grievance procedures will apply to the Medicare Prescription Payment Plan and are located in the Evidence of Coverage.
- For additional information regarding the Medicare Prescription Payment Plan, please contact 1-844-368-8729.

Office Use Only: Name of staff member/agent/broker (if assisted in enrollment): <<AgentName>> Plan ID #:_____ Effective Date of Coverage:_____ ICEP/IEP: _____ AEP: _____ SEP (type): _____ Not Eligible: _____ PCP Provider ID#: _____	Entity Name: _____ Five digit Entity ID number (if known): | | | | | | Date Received by Agent: _____ FHCP Medicare Agent ID #: <<AgentID>> Agent State License #: _____ Agent Confirmation #: _____

OMB No. 0938-1378 Expires: 12/31/2026

FHCP Medicare

Who can use this form?

People with Medicare who want to join a Medicare Advantage Plan

To join a plan, you must:

- Be a United States citizen or be lawfully present in the U.S.
- Live in the plan's service area

Important: To join a Medicare Advantage Plan, you must also have both:

- Medicare Part A (Hospital Insurance)
- Medicare Part B (Medical Insurance)

When do I use this form?

You can join a plan:

- Between October 15–December 7 each year (for coverage starting January 1)
- Within 3 months of first getting Medicare
- In certain situations where you're allowed to join or switch plans

Visit Medicare.gov to learn more about when you can sign up for a plan.

What do I need to complete this form?

- Your Medicare Number (the number on your red, white, and blue Medicare card)
- Your permanent address and phone number

You must complete all items unless they are indicated as optional. You can't be denied coverage for not including information that is marked as optional.

Individuals experiencing homelessness

If you want to join a plan but have no permanent residence, a Post Office Box, an address of a shelter or clinic, or the address where you receive mail (e.g., social security checks) may be considered your permanent residence address.

Reminders:

- If you want to join a plan during fall open enrollment (October 15–December 7), the plan must get your completed form by December 7.
- Your plan will send you a bill for the plan's premium. You can choose to sign up to have your premium payments deducted from your bank account or your monthly Social Security (or Railroad Retirement Board) benefit.

What happens next?

Send your completed and signed form to:

FHCP Medicare
P.O. Box 45296
Jacksonville, FL 32232-5296

Once they process your request to join, they'll contact you.

How do I get help with this form?

Call FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS at 1-800-352-9824, Ext. 7160. TTY users can call 1-800-955-8770.

Or, call Medicare at 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

En español: Llame a FHCP Medicare Classic, FHCP Medicare Rx Plus, o FHCP Medicare Rx Plus POS al 1-800-352-9824, Ext. 7160 / TTY: 1-800-955-8773 o a Medicare gratis al 1-800-633-4227 y oprima el 8 para asistencia en español y un representante estará disponible para asistirle.

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FHCP Medicare

P.O. Box 45296 | Jacksonville, FL 32232-5296

A Medicare Advantage Health Care Plan

Individual Enrollment Form

Please check which plan you want to enroll in:

- ○ **FHCP Medicare Classic** $0 per month
- ○ **FHCP Medicare Rx Plus** $49 per month
- ○ **FHCP Medicare Rx Plus POS** $119 per month

First Name: Last Name: Middle Initial:

Birth Date:	Sex:	Home Phone Number:	Mobile Phone Number:
M M D D Y Y Y Y	○ M ○ F	( )	( )

Permanent Residence Street Address (Don't enter a PO Box. Note: For individuals experiencing homelessness, a PO Box may be considered your permanent residence address.):

City:	County:	State:	ZIP Code:

Mailing Address (only if different from your Permanent Residence Address):

Street Address:	City:	State:	ZIP Code:

By providing the information above, you confirm that you are the subscriber and/or authorized user of the phone numbers provided and you consent to receive calls and text messages at those number(s) from, and on behalf of, Florida Blue Medicare, Inc., DBA FHCP Medicare, its affiliates, including calls and texts using an automated telephone dialing system, prerecorded or artificial voice messages, or both without regard to state or federal limitations on the frequency of calls or messages. The types of calls and texts you consent to receive include messages about your plan and benefits, messages about servicing your accounts, and healthcare related and informational messages that are not for marketing purposes. You may revoke your consent at any time. Message frequency varies. Major carriers supported.

Please provide your Medicare insurance information:

Please take out your red, white and blue Medicare card to complete this section.

Medicare Number:	Part A Effective Date:	Part B Effective Date:
	M M D D Y Y Y Y	M M D D Y Y Y Y

Please check one of the boxes below if you would prefer us to send you information in a language other than English or in an accessible format:

Language: ○ Spanish

Accessible Format (Select One): ○ Braille ○ Large Print ○ Audio CD ○ Data CD

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Please read and answer these important questions (Questions 2–5 are optional):

1. Will you have other **prescription** drug coverage (like VA, TRICARE) in addition to FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS? ○ Yes ○ No

   Name of other coverage: _____ ID # for this coverage: _____ Group # for this coverage: _____

2. Are you a resident in a long-term care facility, such as a nursing home? ○ Yes ○ No

   Name of Institution: _____ Phone Number: (____) ____ – ____

   Address (number and street): _____

3. Are you enrolled in your State Medicaid program? ○ Yes ○ No

   Medicaid number: _____

4. Do you or your spouse work? ○ Yes ○ No

5. Please choose the name of a Primary Care Physician (PCP), clinic or health center: _____

Paying Your Plan Premium:

- **For those members enrolling in FHCP Medicare Classic,** if we determine that you owe a late enrollment penalty (or if you currently have a late enrollment penalty), we need to know how you would prefer to pay it.
- **For those members enrolling in FHCP Medicare Rx Plus or FHCP Medicare Rx Plus POS,** you can pay your monthly plan premium (including any late enrollment penalty that you currently have or may owe) by mail, Electronic Funds Transfer (EFT), or Credit Card each month. We need to know how you would prefer to pay.

Please select a premium payment option (If you don't select a payment option, you will get a bill each month):

○ Get a bill

○ Electronic Funds Transfer (EFT) from your bank account each month. (FHCP Medicare will send you a letter with further instructions on how to set this up.)

○ Credit Card (FHCP Medicare will send you a letter with further instructions on how to set this up.)

○ Automatic deduction from your monthly Social Security or Railroad Retirement Board (RRB) benefit check

I get monthly benefits from: ○ Social Security ○ RRB

(The Social Security/RRB deduction may take two or more months to begin after Social Security or RRB approves the deduction. In most cases, if Social Security or RRB accepts your request for automatic deduction, the first deduction from your Social Security or RRB benefit check will include all premiums due from your enrollment effective date up to the point withholding begins. If Social Security or RRB does not approve your request for automatic deduction, we will send you a paper bill for your monthly premiums.)

If you have to pay a Part D-Income Related Monthly Adjustment Amount (Part D-IRMAA), you must pay this extra amount in addition to your plan premium. The amount is usually taken out of your Social Security benefit, or you may get a bill from Medicare (or the RRB). DON'T pay FHCP Medicare the Part D-IRMAA.

Attestation of Eligibility for an Enrollment Period

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Please read the following statements carefully and check the box if the statement applies to you. By checking any of the following boxes, you are certifying that, to the best of your knowledge, you are eligible for an Enrollment Period. If we later determine that this information is incorrect, you may be disenrolled.

- ○ I am new to Medicare.
- ○ I am enrolled in a Medicare Advantage plan and want to make a change during the Medicare Advantage Open Enrollment Period (MA OEP).
- ○ I recently moved outside of the service area for my current plan or I recently moved and this plan is a new option for me. I moved on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I recently was released from incarceration. I was released on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I recently returned to the United States after living permanently outside of the U.S. I returned to the U.S. on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I recently obtained lawful presence status in the United States. I got this status on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I recently had a change in my Medicaid (newly got Medicaid, had a change in level of Medicaid assistance, or lost Medicaid) on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I recently had a change in my Extra Help paying for Medicare prescription drug coverage (newly got Extra Help, had a change in the level of Extra Help, or lost Extra Help) on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I have both Medicare and Medicaid (or my state helps pay for my Medicare premiums) or I get Extra Help paying for my Medicare prescription drug coverage, but I haven't had a change.
- ○ I am moving into, live in, or recently moved out of a Long-Term Care Facility (for example, a nursing home or long-term care facility). I moved/will move into/out of the facility on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I recently left a PACE program on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I recently involuntarily lost my creditable prescription drug coverage (coverage as good as Medicare's). I lost my drug coverage on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I am leaving employer or union coverage on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I belong to a pharmacy assistance program provided by my state.
- ○ My plan is ending its contract with Medicare, or Medicare is ending its contract with my plan.
- ○ I was enrolled in a plan by Medicare (or my state) and I want to choose a different plan. My enrollment in that plan started on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
- ○ I was enrolled in a Special Needs Plan (SNP) but I have lost the special needs qualification required to be in that plan. I was disenrolled from the SNP on (insert date): |M|M| |D|D| |Y|Y|Y|Y|
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- ○ I was enrolled in a plan that is experiencing financial difficulties to such an extent that a State or territorial regulatory authority has placed the organization in receivership.
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Please Read and Sign Below. By completing this enrollment application, I agree to the following:

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- The information on this enrollment form is correct to the best of my knowledge. I understand that if I intentionally provide false information on this form, I will be disenrolled from the plan.
- I understand that people with Medicare are generally not covered under Medicare while out of the country except for limited coverage near the U.S. border.
- I understand that when my FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS coverage begins, I must get all of my medical and prescription drug benefits from FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS. Benefits and services provided by FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS and contained in my FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS "Evidence of Coverage" document (also known as a member contract or subscriber agreement) will be covered. Neither Medicare nor FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS will pay for benefits or services that are not covered.
- FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS services a specific area. If I move out of the area that FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS services, I need to notify the plan so I can disenroll and find a new plan in my area.
- **Release of Information:** By joining this Medicare health plan, I acknowledge that FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS will release my information to Medicare and other plans as is necessary for treatment, payment and health care operations.
- I also acknowledge that FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS will share my information with Medicare, who may use it to track my enrollment, to make payments, and for other purposes allowed by Federal law that authorize the collection of this information (see Privacy Act Statement below).
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  1) This person is authorized under State law to complete this enrollment; and

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Signature: _____ **Today's Date:** M M D D Y Y Y Y

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

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Phone Number: ( ) – **Relationship to Enrollee:** _____

For individuals helping enrollee with completing this form only

Complete this section if you're an individual (i.e. agents, brokers, SHIP counselors, family members, or other third parties) helping an enrollee fill out this form.

Name: _____ **Relationship to Enrollee:** _____

Signature: _____

National Producer Number (Agents/Brokers only): _____

PRIVACY ACT STATEMENT

The Centers for Medicare & Medicaid Services (CMS) collects information from Medicare plans to track beneficiary enrollment in Medicare Advantage (MA) Plans, improve care, and for the payment of Medicare benefits. Sections 1851 of the Social Security Act and 42 CFR §§ 422.50 and 422.60 authorize the collection of this information. CMS may use, disclose and exchange enrollment data from Medicare beneficiaries as specified in the System of Records Notice (SORN) "Medicare Advantage Prescription Drug (MARx)", System No. 09-70-0588. Your response to this form is voluntary. However, failure to respond may affect enrollment in the plan.

Email Communications

Email is a great way to stay in touch. Enter your email below to opt-in to receive email messages. By enrolling in paperless communications, you agree to receive messages electronically, which may include but not limited to, the Evidence of Coverage, Summary of Benefits, Notice of Privacy Practices, Proxy Statements, financial matters, and marketing. You understand and acknowledge that electronic communications may not be secure, you are responsible for and accept the risk you agree to accept the risk that electronic communications may be intercepted and/or read by a third party. By agreeing to receive electronic communications you agree to indemnify and hold Florida Blue, DBA FHCP Medicare and its affiliates harmless from any claim or cause of action against Florida Blue, DBA FHCP Medicare and its affiliates for delivering or other information to the address, phone number, or other contact information that you provide.

E-mail: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Medicare Prescription Payment Plan Participation (Completion of this section is optional.)

○ Yes, I would like to participate in the Medicare Prescription Payment Plan.

- I understand this section is a request to participate in the Medicare Prescription Payment Plan. FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS will contact me if they need more information.
- I understand that signing below means I have read and understand this section and the "Terms and Conditions" below.
- FHCP Medicare Classic, FHCP Medicare Rx Plus, or FHCP Medicare Rx Plus POS will send me a notice to let me know when my participation in the Medicare Prescription Payment Plan is active. Until then, I understand that I'm not a participant in the Medicare Prescription Payment Plan.

Signature: _____

Today's Date: | M | M | | D | D | | Y | Y | Y | Y |

If you are the authorized representative, you must sign above and provide the following information:

Name: _____

Address: _____

Phone Number: (_____) _____ – _____ **Relationship to Enrollee:** _____

Terms and Conditions

- The program is free to join, there are no fees or interest charged under the program, and the program does not lower the amount of cost-sharing you owe for your Part D prescriptions.
- If you qualify for Low Income Subsidy (LIS), enrollment in LIS is more advantageous than participation in the Medicare Prescription Payment Plan.
- You may opt out of the program at any time. If you opt out, you will still be responsible for paying any remaining balance.

- It is important to pay your bill monthly. Your participation in the Medicare Prescription Payment Plan will be terminated if you fail to pay your monthly billed amount before the end of the grace period.
- If you are disenrolled voluntarily or involuntarily from our Part D plan you will also be terminated from the Medicare Prescription Payment Plan. If you enroll in a different plan, you may opt into the Medicare Prescription Payment Plan under your new plan.
- We cannot require you to answer questions about or provide documentation to prove your ability to pay your Medicare Prescription Payment Plan balance as a condition of you participating in the Medicare Prescription Payment Plan. We also cannot obtain a copy of your credit report from a consumer reporting agency.
- The Part D appeals and grievance procedures will apply to the Medicare Prescription Payment Plan and are located in the Evidence of Coverage.
- For additional information regarding the Medicare Prescription Payment Plan, please contact 1-844-368-8729.

Office Use Only: Name of staff member/agent/broker (if assisted in enrollment): <<AgentName>> Plan ID #:_____ Effective Date of Coverage:_____ ICEP/IEP: _____ AEP: _____ SEP (type): _____ Not Eligible: _____ PCP Provider ID#: _____	Entity Name: _____ Five digit Entity ID number (if known): | | | | | | Date Received by Agent: _____ FHCP Medicare Agent ID #: <<AgentID>> Agent State License #: _____ Agent Confirmation #: _____

Protected Health Information Authorization for Customer Service Inquiries

Purpose

I am the member listed in Section I.
This authorization is at my request to permit Blue Cross and Blue Shield of Florida, Inc., Florida Blue Medicare, Inc., and Florida Health Care Plan, Inc. (together, "FHCP Medicare") to respond to customer service inquiries regarding my Protected Health Information regarding health, dental and long-term care products.

Please complete this entire form and return to:

FHCP Medicare
c/o Florida Blue
Access Authorization Unit
P.O. Box 45296
Jacksonville, FL 32232

Section I

Please provide the following information regarding the person whose Protected Health Information is to be released.

Member Name: _____

Member Number: _____

Group Number: _____ Date of Birth: _____

Section II

I authorize FHCP Medicare to release, orally and/or in writing, the following Protected Health Information concerning me:

- Identifying information (e.g., name, address, age, gender);
- Health care coverage information (i.e., general & plan-specific benefit information);
- Past, present and future claims information (except for any period of time during which a Confidential Communication address[1] was in effect); and
- Coordination of Benefit Information.

Section III

Please identify the person(s) to whom the member's Protected Health Information may be released and their relationship, i.e., sales agent, employer health benefit representative, parent, family member, friend, corporation, organization, law firm, vendor.

My information may be given to the person(s) listed below.

Please Print:

Name: _____ Relationship to Member: _____

Name: _____ Relationship to Member: _____

Name: _____ Relationship to Member: _____

Section IV

By law, this authorization must indicate that persons other than FHCP Medicare receiving member's Protected Health Information may not have to obey federal health information privacy laws and member's Protected Health Information may be further released by those persons.

Protected Health Information Authorization for Customer Service Inquiries

(continued)

I further understand that if I have identified a sales agent or an employer health benefit representative in Section III to whom my Protected Health Information may be released, FHCP Medicare will have no further liability as to the further release of my Protected Health Information by those designated persons.

This authorization is voluntary and is not a condition of enrollment in a health plan, eligibility for benefits or payment of claims.

Section V

This authorization will expire:

_____ /_____ /_____
Month Day Year

OR

_____

The date member's FHCP Medicare health coverage ends

It is advised that you place a specific expiration date on this authorization if you are designating a sales agent or employer as an authorized representative, or any other person for whom you may have designated to assist you with a specific, short-term task.

Section VI

Copy of Authorization
Please keep a copy of your signed authorization. A photocopy is as valid as the original.

Section VII

Right to Withdraw Authorization
I understand that I may withdraw this authorization at any time by giving written notice to the address listed on page 1 of this form. I further understand that withdrawal of this authorization will not affect any action taken by FHCP Medicare in reliance on this authorization prior to receiving my written notice of withdrawal.

Section VIII

Signature

Member Signature:

_____

Date: _____

If a legal representative signs this authorization form on behalf of the member, please complete the following information:

Legal Representative's Name[2]:

_____

Date Signed: _____

Relationship to the member:

_____

[1] *A Confidential Communication address is one specified by an adult (age 18 or older) that is different than the address where the subscriber receives his or her mail.*

[2] *Please provide written documentation to support your status as a guardian or other legal representative.*

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Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

Please initial below beside the type of product(s) you want the agent to discuss.

_____ ☐	**Stand-alone Medicare Prescription Drug Plans (Part D)**
Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.	

_____ ☐	**Medicare Advantage Plans (Part C) and Cost Plans**
Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).	
Medicare Preferred Provider Organization (PPO) Plan — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. PPOs have network doctors and hospitals but you can also use out-of-network providers, usually at a higher cost.	
Medicare Private Fee-For-Service (PFFS) Plan — A Medicare Advantage Plan in which you may go to any Medicare approved doctor, hospital and provider that accepts the plan's payment, terms and conditions and agrees to treat you – not all providers will. If you join a PFFS Plan that has a network, you can see any of the network providers who have agreed to always treat plan members. You will usually pay more to see out-of-network providers.	
Medicare Special Needs Plan (SNP) — A Medicare Advantage Plan that has a benefit package designed for people with special health care needs. Examples of the specific groups served include people who have both Medicare and Medicaid, people who reside in nursing homes, and people who have certain chronic medical conditions.	
Medicare Medical Savings Account (MSA) Plan — MSA Plans combine a high deductible health plan with a bank account. The plan deposits money from Medicare into the account. You can use it to pay your medical expenses until your deductible is met.	
Medicare Cost Plan — In a Medicare Cost Plan, you can go to providers both in and out of network. If you get services outside of the plan's network, your Medicare-covered services will be paid for under Original Medicare but you will be responsible for Medicare coinsurance and deductibles.	

By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____

Signature Date: _____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
Plan Use Only:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	

Scope of Appointment documentation is subject to CMS record retention requirements

HMO coverage is offered by Florida Blue Medicare, Inc., DBA FHCP Medicare, an independent licensee of the Blue Cross and Blue Shield Association

Scope of Sales Appointment Confirmation Form (continued)

Agent, if the form was signed by the beneficiary at the time of appointment, provide a written explanation below why SOA was not documented prior to meeting:

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

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Scope of Sales Appointment Confirmation Form

The Centers for Medicare & Medicaid Services requires agents to document the scope of a marketing appointment prior to any face-to-face sales meeting to ensure understanding of what will be discussed between the agent and the Medicare beneficiary (or their authorized representative). All information provided on this form is confidential and should be completed by each person with Medicare or his/her authorized representative.

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Medicare Prescription Drug Plan (PDP) — A stand-alone drug plan that adds prescription drug coverage to Original Medicare, some Medicare Cost Plans, some Medicare Private-Fee-for-Service Plans, and Medicare Medical Savings Account Plans.	

_____ ☐	**Medicare Advantage Plans (Part C) and Cost Plans**
Medicare Health Maintenance Organization (HMO) — A Medicare Advantage Plan that provides all Original Medicare Part A and Part B health coverage and sometimes covers Part D prescription drug coverage. In most HMOs, you can only get your care from doctors or hospitals in the plan's network (except in emergencies).	
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By signing this form, you agree to a meeting with a sales agent to discuss the types of products you initialed above. Please note, the person who will discuss the products is either employed or contracted by a Medicare plan. They do not work directly for the Federal government. This individual may also be paid based on your enrollment in a plan.

Signing this form does NOT obligate you to enroll in a plan, affect your current enrollment, or enroll you in a Medicare plan.

Beneficiary or Authorized Representative Signature and Signature Date:

Signature: _____

Signature Date: _____

If you are the authorized representative, please sign above and print below:

Representative's Name: _____

Your Relationship to the Beneficiary: _____

To be completed by Agent:

Agent Name:	Agent Phone:
Beneficiary Name:	Beneficiary Phone (Optional):
Beneficiary Address (Optional):	
Plan(s) the agent represented during this meeting:	
Date Appointment Completed:	
Plan Use Only:	
Initial Method of Contact: (Indicate here if beneficiary was a walk-in.)	
Agent's Signature:	

Scope of Appointment documentation is subject to CMS record retention requirements

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Scope of Sales Appointment Confirmation Form (continued)

Agent, if the form was signed by the beneficiary at the time of appointment, provide a written explanation below why SOA was not documented prior to meeting:

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

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Enrollment Checklist

Applicant's Last Name: _____ **Applicant's First Name:** _____

FHCP Medicare is required by Medicare to contact you within 15 days of receiving your enrollment application. Within the next 15 days you will receive a letter from FHCP Medicare to verify that the Medicare Advantage-Prescription Drug Plan was fully explained. This will not affect your ability to enroll in the plan.

Your sales agent will review the following questions with you to verify that the Medicare Advantage-Prescription Drug Plan was fully explained. Check Yes or No as appropriate.

For Medicare Advantage plans

Yes ☐	No ☐	Do you understand that you have applied for a Medicare Advantage plan? This plan is **not a** Medicare Supplement "Medigap" plan. This plan replaces Original Medicare.
Yes ☐	No ☐	Do you understand that to enroll you must be "entitled" to Part A and enrolled in Part B?
Yes ☐	No ☐	Do you understand you must continue to pay your Medicare Part B premium (unless it is paid for you by Medicaid or another third party)?

For Medicare Advantage-Prescription Drug plans

Yes ☐	No ☐	Did the sales agent fully explain the prescription deductible associated with the plan (if applicable), and the amount?
Yes ☐	No ☐	Did the sales agent tell you about the Preferred pharmacies in the network?
Yes ☐	No ☐	Do you understand you have applied for a Medicare Advantage-Prescription Drug plan?
Yes ☐	No ☐	Do you understand to enroll you must have Medicare Part A **and/or** Part B?
Yes ☐	No ☐	Did the sales agent explain the plan's drug list (also referred to as a formulary) and drug tiers?
Yes ☐	No ☐	Do you understand that in most cases you must use a pharmacy in our drug plan network?
Yes ☐	No ☐	Did the sales agent confirm that your prescription drugs are covered under the plan's drug list?

For All plans

Yes ☐	No ☐	Did the sales agent fully explain your premium, benefits, copays, and coinsurance amounts?
Yes ☐	No ☐	Did the sales agent show you the Summary of Benefits and give you a copy?
Yes ☐	No ☐	Did the sales agent give you their contact information? (name, phone or business card)
Yes ☐	No ☐	Do you understand if you enroll in a Medicare Advantage plan and later decide to make a change, under most circumstances you are able to do so during the Annual Enrollment Period, October 15 -December 7 each year?

For All plans *(continued)*

Yes ☐	No ☐	Did the sales agent fully explain the medical deductible associated with the plan, (if applicable), and the amount?
Yes ☐	No ☐	Do you understand that you must use in-network health care providers to get the in-network benefits, copays and coinsurances?
Yes ☐	No ☐	Do you understand that if you use out-of-network health care providers you will likely pay higher out-of-pocket costs? (**Note:** HMO members are not covered out-of-network, except in emergencies, urgent care and out-of-area dialysis.)
Yes ☐	No ☐	Did the sales agent confirm that your doctor(s) is(are) in-network for the plan that you selected?
Yes ☐	No ☐	Did the agent discuss the Medicare Prescription Payment Plan (M3P), a no cost, voluntary program that's intended to help spread out high-cost medications throughout the calendar year, and explained the billing process?
As of the submission of this application, I have ☐ opted in ☐ not opted in to the Medicare Prescription Payment Plan (M3P).		

Drug Name	Covered		Tier	Cost	B vs. D*	PA	Qty Limits	Step Therapy
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						
	Yes ☐	No ☐						

**Some drugs may be covered under Medicare Part B or Part D. To determine coverage under the appropriate Medicare benefit, your doctor is required to submit a Medicare Part B vs. D coverage determination form to FHCP Medicare to obtain prior approval for these medications before the prescription is filled.*

Provider's Name	Par/Non-Par	Provider's Complete Address

Acknowledgement

My agent and I have reviewed all my doctor(s), hospital(s) and prescription drug(s) that I have provided today. We have discussed each provider's participating status within my plan as well as my cost share and any requirements or limits regarding my prescription drug(s). I understand that some network providers may be added or removed from the network at any time. For any additional providers or to get the most up-to-date information about my plan's network providers for my area or my prescription drugs, I will visit www.fhcpmedicare.com or call Member Services at 1-833-866-6559 from 8 a.m. to 8 p.m. local time, seven days a week from October 1 – March 31, except for Thanksgiving and Christmas. From April 1 – September 30, we are open Monday – Friday, 8 a.m. – 8 p.m. local time, except for Federal holidays. (TTY users should call 1-800-955-8770).

Applicant's Signature _____ Date _____

Agent's Signature _____ Date _____

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Yes ☐	No ☐	Do you understand you must continue to pay your Medicare Part B premium (unless it is paid for you by Medicaid or another third party)?

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	Yes ☐	No ☐						
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Florida Blue MEDICARE
Your Health Solutions Partner

FHCP Medicare

What's Next?

Information on what happens **after you enroll** in your plan and what to expect

Florida Blue MEDICARE | FHCP Medicare

How to make the most of your Medicare Dollars

Use In-Network Doctors

Be sure to select a doctor in FHCP Medicare's network. Except for emergency care, urgent care and dialysis services when you're outside the plan's service area, you must go to in-network doctors to be covered. This is true even when the care you receive is medically necessary. Avoid unpredictable costs and have peace of mind by staying in your network.

How to find out which doctors, hospitals and pharmacies are in your plan's network:

There are a few ways to find out which doctors, hospital and pharmacies are in a plan's network. You can ask your agent for help, call Customer Service (see contact information on the Welcome page), or you can visit **fhcpmedicare.com** and follow these steps:

Click on **Find a Provider** or **Find a Pharmacy**

→

Enter the name of the **doctor, hospital or pharmacy** you are looking for

or enter the zip code, distance or county and select the type of provider you are looking for

→

Click **Search** and review the options of our network providers

Choosing Your Primary Care Doctor Is Important

As a new member, one of your first—and most important—decisions is choosing a primary care doctor (PCP). Your PCP manages your overall health and coordinates specialized care and most covered services. Your PCP and any specialists you see work together as a team of professionals focused on you.

Use a Preferred Pharmacy

FHCP Medicare Plans give you a preferred pharmacy option. As an FHCP Medicare member you can fill your prescription drugs at an FHCP Preferred Pharmacy location to save even more on most prescriptions.

FHCP Medicare also provides standard retail pharmacies throughout our service area. These standard pharmacies supplement the FHCP Preferred pharmacies. These pharmacies offer covered drugs, generally at a higher cost-sharing than the FHCP Preferred pharmacies and **include the following locations:**

Walgreens

Publix.

Mail-Order Pharmacy

For certain kinds of drugs, we offer a mail-order pharmacy. Generally, the drugs provided through FHCP's mail-order pharmacy are drugs that you take on a regular basis, for a chronic or long-term medical condition.

How to find out which drugs are covered:

You can find all covered drugs in the formulary, the list of drugs that your plan covers. It's also called a drug list. To see our formulary, visit **fhcpmedicare.com**.

Click on *Learn More* under Important Documents & Information about Your Plan → **Select** *Prescription Drug Information & Documents* → **Click** on *2026 Comprehensive Formulary*

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.

What you can expect in the first 90 days

During your first 90 days of enrollment, you can get up and running quickly. Here are some things to look for.

To assure you that your application has been received and accepted, you will receive:

- ✓ **Notification of Receipt of Application**
- ✓ **Notice That You Have Been Enrolled**

You'll receive several items to keep all year:

- ✓ **FHCP Medicare member ID card**
- ✓ **Information** on how to use your plan and locate plan documents

Throughout the year, we'll stay in touch. You'll receive:

- ✓ **Explanations of Benefits** to keep you up to date on any services and supplies you may have received during the previous month
- ✓ **Calls from our Care Team** from time to time to help you stay on top of your health needs
- ✓ **Surveys** to see how we are doing

Want less mail?

Sign up for a secure member account at **fhcpmedicare.com**. You'll need your FHCP Medicare ID card to get started. Access your plan documents, check your out-of-pocket spending, and do more with your secure member account.

IMPORTANT INFORMATION:

2025 Medicare Star Ratings

Official U.S. Government Medicare Information

Florida Blue HMO - H1035

For 2025, Florida Blue HMO - H1035 received the following Star Ratings from Medicare:

Overall Star Rating:	★★★½☆
Health Services Rating:	★★★½☆
Drug Services Rating:	★★★½☆

Florida Blue MEDICARE Your Health Solutions Partner | FHCP Medicare

Every year, Medicare evaluates plans based on a 5-star rating system.

Why Star Ratings Are Important

Medicare rates plans on their health and drug services.

This lets you easily compare plans based on quality and performance.

Star Ratings are based on factors that include:

- Feedback from members about the plan's service and care
- The number of members who left or stayed with the plan
- The number of complaints Medicare got about the plan
- Data from doctors and hospitals that work with the plan

More stars mean a better plan – for example, members may get better care and better, faster customer service.

The number of stars show how well a plan performs.

★★★★★ EXCELLENT
★★★★☆ ABOVE AVERAGE
★★★☆☆ AVERAGE
★★☆☆☆ BELOW AVERAGE
★☆☆☆☆ POOR

Get More Information on Star Ratings Online
Compare Star Ratings for this and other plans online at Medicare.gov/plan-compare.

Questions about this plan?
Contact Florida Blue HMO 7 days a week from 8:00 a.m. to 8:00 p.m. local time at 844-672-7324 (toll-free) or 800-955-8770 (TTY), from October 1 to March 31. Our hours of operation from April 1 to September 30 are Monday through Friday from 8:00 a.m. to 8:00 p.m. local time. Current members please call 833-866-6559 (toll-free) or 800-955-8770 (TTY).

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