



## **2024 Summary of Benefits**

### **Medicare Advantage Plans with Part D Prescription Drug Coverage**

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**BlueMedicare Total (HMO D-SNP) H1035-030**

**BlueMedicare Complete (HMO D-SNP) H1035-032**

1/1/2024 – 12/31/2024

The plans' service area includes:

**Charlotte, Collier, Hernando, Hillsborough, Lee, Manatee, Pasco, Pinellas, Polk and Sarasota Counties**

The benefit information provided is a summary of what we cover and what you pay. To get a complete list of services we cover, call us and ask for the **"Evidence of Coverage."** You may also view the "Evidence of Coverage" for this plan on our website, [www.floridablue.com/medicare](http://www.floridablue.com/medicare).

If you want to know more about the coverage and costs of Original Medicare, look in your *Medicare & You* 2024 handbook. View it online at [www.medicare.gov](http://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.

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## Who Can Join?

To join, you must:

- be entitled to Medicare Part A; and
- be enrolled in Medicare Part B; and
- receive any level of assistance from the Florida Medical Assistance Program (Medicaid). If you receive both Medicare and Medicaid benefits, this means you are dual-eligible. BlueMedicare Total (HMO D-SNP) may enroll dual-eligibles who are in the SLMB, SLMB Plus, QMB, QMB Plus, FBDE, QI and QDWI programs; and
- live in **our service area**.

Our **H1035-030** service area includes the following **counties in Florida: Hillsborough and Polk**

Our **H1035-032** service area includes the following **counties in Florida: Charlotte, Collier, Hernando, Lee, Manatee, Pasco, Pinellas and Sarasota**

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## Which doctors, hospitals, and pharmacies can I use?

We have a network of doctors, hospitals, pharmacies, and other providers. If you use providers that are not in our network, the plan may not pay for these services.

- You can see our plan's provider and pharmacy directory on our website ([www.floridablue.com/medicare](http://www.floridablue.com/medicare)). Or call us and we will send you a copy of the provider and pharmacy directories.
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## Have Questions? Call Us

- **If you are a member of this plan, call us at 1-800-926-6565, TTY: 1-800-955-8770**
- **If you are not a member of this plan, call us at 1-855-601-9465, 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.floridablue.com/medicare](http://www.floridablue.com/medicare).

## Important Information

Through 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 contact your PCP or refer to the "Evidence of Coverage (EOC)" for more information about services that require a referral and/or prior authorization from the plan.

If you have full Medicaid benefits or are a Qualified Medicare Beneficiary, you will pay \$0 for your Medicare-covered services. If your eligibility for Medicaid or "Extra Help" changes, your cost-sharing and premium may change.

## Monthly Premium, Deductible and Limits

	BlueMedicare Total (HMO D-SNP) Hillsborough and Polk H1035-030	BlueMedicare Complete (HMO D-SNP) Charlotte, Collier, Hernando, Lee, Manatee, Pasco, Pinellas and Sarasota H1035-032
<b>Monthly Plan Premium</b> Your premium depends on the amount of "Extra Help" you get from Medicare. You must continue to pay your Medicare Part B premium. The Part B premium may be covered through your State Medicaid Program.	<b>\$0 or up to \$37.70</b>	<b>\$0 or up to \$37.70</b>
<b>Medical Deductible</b>	There is no medical deductible for this plan.	There is no medical deductible for this plan.
<b>Pharmacy (Part D) Deductible</b>	<b>\$0</b> if you qualify for "Extra Help"	<b>\$0</b> if you qualify for "Extra Help"
<b>Maximum Out-of-Pocket Responsibility</b>	<b>\$3,200</b> The most you pay for copays, coinsurance and other costs for	<b>\$3,200</b> The most you pay for copays, coinsurance and other costs for

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covered in-network medical services for the year.	covered in-network medical services for the year.

## Medical and Hospital Benefits

BlueMedicare Total (HMO D-SNP) Hillsborough and Polk H1035-030	BlueMedicare Complete (HMO D-SNP) Charlotte, Collier, Hernando, Lee, Manatee, Pasco, Pinellas and Sarasota H1035-032
<b>Inpatient Hospital Coverage</b> ♦	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>
<b>Outpatient Hospital Coverage</b> Outpatient hospital and observation services. Prior authorization is required for outpatient hospital services.	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>
<b>Ambulatory Surgical Center (ASC) Services</b> ♦	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>
<b>Doctor Visits</b> A referral from your PCP may be required to see a specialist.	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b> per primary care visit</li> <li>• <b>\$0 copay</b> per specialist visit*</li> </ul>
<b>Preventive Care</b>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>
<ul style="list-style-type: none"> <li>• Abdominal aortic aneurysm screening</li> <li>• Annual wellness visit</li> <li>• Bone mass measurement</li> <li>• Breast cancer screening (mammograms)</li> <li>• Cardiovascular disease risk reduction visit (therapy for cardiovascular disease)</li> <li>• Cardiovascular disease testing</li> <li>• Cervical and vaginal cancer screening</li> <li>• Colorectal cancer screening</li> <li>• Depression screening</li> </ul>	

	<b>BlueMedicare Total (HMO D-SNP) Hillsborough and Polk H1035-030</b>	<b>BlueMedicare Complete (HMO D-SNP) Charlotte, Collier, Hernando, Lee, Manatee, Pasco, Pinellas and Sarasota H1035-032</b>
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- Diabetes screening
- Diabetes self-management training, diabetic services and supplies
- Health and wellness education programs
- Hepatitis C Screening
- HIV screening
- Immunizations
- Medical nutrition therapy
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and therapy to promote sustained weight loss
- Prostate cancer screening exams
- Screening and counseling to reduce alcohol misuse
- Screening for lung cancer with low dose computed tomography (LDCT)
- Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- Vision care: Glaucoma screening
- “Welcome to Medicare” preventive visit

<p><b>Emergency Care</b> Per visit, in- or out-of-network</p>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> <li>• <b>\$0 copay</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> <li>• <b>\$0 copay</b></li> </ul>
<p><b>Worldwide Emergency and Urgent Care Services</b> Does not include emergency transportation.</p>	<ul style="list-style-type: none"> <li>• <b>\$25,000</b> combined yearly limit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$25,000</b> combined yearly limit</li> </ul>
<p><b>Urgently Needed Services</b> At an Urgent Care Center or Convenient Care Center, in- or out-of-network.</p> <p>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.</p>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>

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Convenient Care Services are outpatient services for non-emergency injuries and illnesses that need treatment when most family physician offices are closed.

**Worldwide Urgently Needed Services**

Does not include emergency transportation.

- **\$0 copay**
- **\$25,000** combined yearly limit

- **\$0 copay**
- **\$25,000** combined yearly limit

**Diagnostic Services/  
Labs/Imaging \*◇**

**Diagnostic Procedures and Tests**

- **\$0 copay**

**Laboratory Services**

- **\$0 copay**

**X-Rays**

- **\$0 copay**

**Diagnostic Procedures and Tests**

- **\$0 copay**

**Laboratory Services**

- **\$0 copay**

**X-Rays**

- **\$0 copay**

**Advanced Imaging Services \*◇**

Includes services such as Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET), and Computer Tomography (CT) Scan

- **\$0 copay**

- **\$0 copay**

**Radiation Therapy \*◇**

- **0% coinsurance** of the Medicare-allowed amount

- **0% coinsurance** of the Medicare-allowed amount

**Hearing Services**

Hearing aids must be purchased through our participating provider to have access to the benefit. Member is responsible for any amount after the benefit allowance has been applied. Subject to benefit maximum.

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<b>Medicare-Covered Hearing Services*</b>  For exams to diagnose and treat hearing and balance issues	<ul style="list-style-type: none"> <li>• <b>\$0 Copay</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 Copay</b></li> </ul>
<b>Routine Hearing Exam</b> One routine hearing exam per year	<ul style="list-style-type: none"> <li>• <b>\$0 Copay</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 Copay</b></li> </ul>
<b>Hearing Aid Evaluation and Fitting</b>	<ul style="list-style-type: none"> <li>• <b>\$0 Copay</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 Copay</b></li> </ul>
<b>Hearing Aid Allowance</b> Up to 2 hearing aids every year	<ul style="list-style-type: none"> <li>• <b>\$1,500 maximum allowance for each hearing aid</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$1,500 maximum allowance for each hearing aid</b></li> </ul>

## Dental Services

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<b>Dental Services</b>	<b>Medicare-Covered Dental Services</b> ♦ <ul style="list-style-type: none"> <li>• <b>\$0 copay</b> for non-routine dental care</li> </ul>	<b>Medicare-Covered Dental Services</b> ♦ <ul style="list-style-type: none"> <li>• <b>\$0 copay</b> for non-routine dental care</li> </ul> <b>Additional Dental Services</b> <ul style="list-style-type: none"> <li>• <b>\$0 Copay</b> for covered preventive dental services</li> </ul>

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	<b>Additional Dental Services</b> <ul style="list-style-type: none"> <li>• <b>\$6,000 Annual Maximum Allowance may NOT be used for implants, orthodontics, or cosmetic dentistry</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 Copay</b> for covered comprehensive dental services</li> <li>• <b>Unlimited</b> maximum allowance per year</li> </ul>

## Vision Services

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<b>Medicare-Covered Vision Services</b> Physician services to diagnose and treat eye diseases and conditions *	<b>Eye Exam</b> <ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul> <b>Eyewear after Cataract Surgery</b> <ul style="list-style-type: none"> <li>• <b>\$0 copay</b> for one pair of eyeglasses or contact lenses</li> </ul>	<b>Eye Exam</b> <ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul> <b>Eyewear after Cataract Surgery</b> <ul style="list-style-type: none"> <li>• <b>\$0 copay</b> for one pair of eyeglasses or contact lenses</li> </ul>
<b>Routine Vision Services</b>	<b>Routine Eye Exam</b> <ul style="list-style-type: none"> <li>• <b>\$0 Copay</b> – 1 visit per year</li> </ul> <b>Glaucoma Eye Exam</b> <ul style="list-style-type: none"> <li>• <b>\$0 Copay</b> – 1 visit per year</li> </ul> <b>Diabetic Eye Exam</b> <ul style="list-style-type: none"> <li>• <b>\$0 Copay</b> – 1 visit per year</li> </ul>	<b>Routine Eye Exam</b> <ul style="list-style-type: none"> <li>• <b>\$0 Copay</b> – 1 visit per year</li> </ul> <b>Glaucoma Eye Exam</b> <ul style="list-style-type: none"> <li>• <b>\$0 Copay</b> – 1 visit per year</li> </ul> <b>Diabetic Eye Exam</b> <ul style="list-style-type: none"> <li>• <b>\$0 Copay</b> – 1 visit per year</li> </ul>
<b>Eyewear</b> Member responsible for costs exceeding the annual maximum plan benefit allowance towards	<ul style="list-style-type: none"> <li>• <b>\$500 allowance per year</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$500 allowance per year</b></li> </ul>



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the purchase of lenses, frames  
or contact lenses

## Other Medical and Hospital Benefits

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<b>Mental Health Services</b> ◇ 190-day lifetime benefit maximum in a psychiatric hospital	<b>Inpatient Mental Health Services</b> <ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul> <b>Outpatient Mental Health Services</b> <ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>	<b>Inpatient Mental Health Services</b> <ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul> <b>Outpatient Mental Health Services</b> <ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>
<b>Skilled Nursing Facility (SNF)</b> ◇	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul> Our plan covers up to 100 days in a SNF per benefit period.	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul> Our plan covers up to 100 days in a SNF per benefit period.
<b>Physical Therapy</b> *◇	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>
<b>Ambulance</b> ◇	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b> for each Medicare-covered trip (one-way)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b> for each Medicare-covered trip (one-way)</li> </ul>
<b>Transportation</b> Details of this benefit: <ul style="list-style-type: none"> <li>• Transportation services must be requested <b>3 business days</b> prior to a routine scheduled appointment.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b> for unlimited trips covered each year (limited to ground transportation only).</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b> for unlimited trips covered each year (limited to ground transportation only).</li> </ul>

**BlueMedicare Total  
(HMO D-SNP)  
Hillsborough and Polk  
H1035-030**

**BlueMedicare Complete  
(HMO D-SNP)  
Charlotte, Collier, Hernando,  
Lee, Manatee, Pasco, Pinellas  
and Sarasota  
H1035-032**

- Trips must be to or from plan-approved locations, including: network providers, medical, diagnostic or therapy facilities, pharmacies, gyms, grocery stores or dental, hearing and vision providers.
- Each one-way trip must not exceed 50 miles of driving distance. Trips over 50 miles require prior authorization. A trip is one-way transportation, a round trip would be two trips.
- One companion is allowed per trip (companion must be at least 18 years old).
- On some trips, you may need to share a ride with other transportation clients.
- Trips are curb-to-curb service, other levels of service require prior authorization.
- Wheelchair-accessible vans are available upon request.

Drivers do not have medical training. In case of emergency, call 911.

**Medicare Part B Drugs**

- **0% coinsurance** for allergy injections

- **0% coinsurance** for allergy injections

<p style="text-align: center;"><b>BlueMedicare Total (HMO D-SNP) Hillsborough and Polk H1035-030</b></p>		<p style="text-align: center;"><b>BlueMedicare Complete (HMO D-SNP) Charlotte, Collier, Hernando, Lee, Manatee, Pasco, Pinellas and Sarasota H1035-032</b></p>
<ul style="list-style-type: none"> <li>• <b>0% coinsurance</b> for other Medicare Part B-covered drugs ♦</li> <li>• <b>0% coinsurance</b> per month for Insulin Drugs via DME ♦</li> </ul>		<ul style="list-style-type: none"> <li>• <b>0% coinsurance</b> for other Medicare Part B-covered drugs ♦</li> <li>• <b>0% coinsurance</b> per month for Insulin Drugs via DME ♦</li> </ul>

## Additional Benefits

<p style="text-align: center;"><b>BlueMedicare Total (HMO D-SNP) Hillsborough and Polk H1035-030</b></p>		<p style="text-align: center;"><b>BlueMedicare Complete (HMO D-SNP) Charlotte, Collier, Hernando, Lee, Manatee, Pasco, Pinellas and Sarasota H1035-032</b></p>
<p><b>At Home Care</b> We offer this benefit through our partnership with our participating provider who connects youthful, energetic adults to enrollees who require assistance with transportation, companionship, household chores, use of electronic devices, exercise and activity.</p>	<p><b>At Home Care, 60 hours per year.</b> Services include support with Instrumental Activities of Daily Living (IADL).</p>	<p><b>At Home Care, 60 hours per year.</b> Services include support with Instrumental Activities of Daily Living (IADL).</p>
<p><b>Caregiver Support for Member</b>  Provides coverage for coaching, education and support services such as counseling and training courses for caregivers of enrollees.  See the <i>Evidence of Coverage</i> for benefit details.</p>	<p>Benefits include:</p> <ul style="list-style-type: none"> <li>• A web-based tool that contains educational content covering topics on health, wealth, senior living, in-home care and lifestyle</li> <li>• Access for caregivers and family members to post updates and videos; tools to manage documents, stay organized and on top of upcoming tasks and appointments. Search tools (i.e., senior housing search and in-home care search).</li> </ul>	

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<b>Diabetic Supplies</b>  <b>Important Note:</b> <ul style="list-style-type: none"> <li>• <b>Insulin, insulin syringes and needles for self-administration in the home are obtained from an in-network retail or mail order pharmacy and are covered under your Medicare Part D pharmacy benefit.</b> Applicable Part D co-pays and deductibles apply.</li> <li>• Lifescan (OneTouch®) as well as other brands of glucose meters and test strips can also be obtained through our participating DME network.</li> <li>• The initial fill of a CGM when being used with an insulin pump can be obtained through our participating DME provider.</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b> at a Florida Blue Medicare contracted retail or mail-order pharmacy for Diabetic Supplies such as: <ul style="list-style-type: none"> <li>• Lifescan (One Touch®) Glucose Meters</li> <li>• Lancets</li> <li>• Test Strips</li> <li>• Continuous Glucose Monitors (CGMs) such as Freestyle Libre and Dexcom, and supplies. ♦</li> </ul> </li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b> at a Florida Blue Medicare contracted retail or mail-order pharmacy for Diabetic Supplies such as: <ul style="list-style-type: none"> <li>• Lifescan (One Touch®) Glucose Meters</li> <li>• Lancets</li> <li>• Test Strips</li> <li>• Continuous Glucose Monitors (CGMs) such as Freestyle Libre and Dexcom, and supplies. ♦</li> </ul> </li> </ul>
<b>Medicare Diabetes Prevention Program</b>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b> for Medicare-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b> for Medicare-covered services</li> </ul>
<b>Podiatry</b>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b> for each Medicare-covered podiatry visit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b> for each Medicare-covered podiatry visit</li> </ul>
<b>Chiropractic</b>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>
<b>Medical Equipment and Supplies ♦</b>	<ul style="list-style-type: none"> <li>• <b>0% coinsurance</b> for all plan approved Medicare-covered motorized wheelchairs and electric scooters</li> </ul>	<ul style="list-style-type: none"> <li>• <b>0% coinsurance</b> for all plan approved Medicare-covered motorized wheelchairs and electric scooters</li> </ul>

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	<ul style="list-style-type: none"> <li>• <b>0% coinsurance</b> for all other plan approved Medicare-covered durable medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>0% coinsurance</b> for all other plan approved Medicare-covered durable medical equipment</li> </ul>
<b>Outpatient Occupational and Speech Therapy *◇</b>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>
<b>Telehealth *◇</b> <ul style="list-style-type: none"> <li>• Urgently Needed Services</li> <li>• Primary Care Services</li> <li>• Occupational Therapy/Physical Therapy/Speech Therapy at a freestanding location</li> <li>• Occupational Therapy/Physical Therapy/Speech Therapy at an outpatient hospital</li> <li>• Dermatology Services</li> <li>• Individual sessions for outpatient Mental Health Specialty Services</li> <li>• Individual sessions for outpatient Psychiatry Specialty Services</li> <li>• Opioid Treatment Program Services</li> <li>• Individual sessions for outpatient Substance Abuse Specialty Services</li> <li>• Diabetes Self-Management Training</li> <li>• Dietician Services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0 copay</b></li> </ul>
<b>Meal Benefit ◇</b>	<ul style="list-style-type: none"> <li>• <b>10</b> meals after each hospital discharge</li> </ul>	<ul style="list-style-type: none"> <li>• <b>10</b> meals after each hospital discharge</li> </ul>

	<b>BlueMedicare Total (HMO D-SNP) Hillsborough and Polk H1035-030</b>	<b>BlueMedicare Complete (HMO D-SNP) Charlotte, Collier, Hernando, Lee, Manatee, Pasco, Pinellas and Sarasota H1035-032</b>
<p><b>Blue Dollars Benefits</b> <b>MasterCard® Prepaid Card</b> Use your Blue Dollars card for easy access to rewards and select allowance benefits that may be part of your plan.</p> <p>Benefits, coverage and amounts vary by plan. Limitations, exclusions, and restrictions may apply.</p> <p>The Blue Dollars card will be mailed directly to you and replenished at the beginning of each month.</p>	<ul style="list-style-type: none"> <li>• <b>Based on your plan's allowance and frequency amounts, funds will be loaded on your Blue Dollars Card automatically.</b></li> <li>• <i>NOTE: See Healthy Food, Over-the-Counter Items, and Healthy Blue Rewards</i></li> </ul>	<ul style="list-style-type: none"> <li>• <b>Based on your plan's allowance and frequency amounts, funds will be loaded on your Blue Dollars Card automatically.</b></li> <li>• <i>NOTE: See Healthy Food and Healthy Blue Rewards</i></li> </ul>
<p><b>Over-the-Counter Items</b></p> <p>For the purchase of non-prescription items such as vitamins and aspirin</p> <p>Any balance not used for a <b>month</b> will not carry over to the next <b>month</b></p>	<ul style="list-style-type: none"> <li>• <b>\$110 monthly</b> allowance</li> </ul> <p>You can shop for eligible products online, by phone and at participating retail locations using your Blue Dollars card</p>	<ul style="list-style-type: none"> <li>• <b>\$100 monthly</b> allowance</li> </ul>
<p><b>Healthy Food Benefit</b> The benefit card will be mailed directly to members and replenished at the beginning of each month.</p> <p>Members are eligible based on their low income subsidy (LIS) status for the "Extra Help" Medicare program. All levels of LIS are eligible to receive this benefit.</p>	<ul style="list-style-type: none"> <li>• If you are eligible for Part D "Extra Help" you will receive <b>\$150 per month</b> on your Blue Dollars card to purchase healthy food and produce at plan approved location in order to assist members in maintaining a healthy diet to support their nutritional needs.</li> <li>• Any balance not used for a month will not carry over to the next month.</li> </ul>	<ul style="list-style-type: none"> <li>• If you are eligible for Part D "Extra Help" you will receive <b>\$115 per month</b> on your Blue Dollars card to purchase healthy food and produce at plan approved location in order to assist members in maintaining a healthy diet to support their nutritional needs.</li> <li>• Any balance not used for a month will not carry over to the next month.</li> </ul>

## Healthy Blue Rewards

- Your BlueMedicare plan rewards you for taking care of your health. Reward dollars will be loaded to your Blue Dollars card for completing and/or reporting preventive care and screenings.
- Rewards are available after opting in to the program.

## Wellness and Health Care Planning, Including Advance Care Planning

Members have access to telephonic and digital advance care planning tools at no additional cost.

## SilverSneakers® Fitness Program

- Gym membership and classes available at fitness locations across the country, including national chains and local gyms
- Access to exercise equipment and other amenities, classes for all levels and abilities, social events, and more

## Part D Prescription Drug Benefits

### VBID Part D Benefit

Medicare approved Florida Blue to provide lower copayments/coinsurance as part of the Value-Based Insurance Design Program (VBID).

**\$0 Rx Copay Benefit If you qualify for "Extra Help",** you will pay \$0 for all Medicare Part D covered prescription drugs on your formulary.

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<b>Standard Retail/LTC/Mail Order</b> (31-day supply)	<b>\$0 copay</b> * *	<b>\$0 copay</b> * *
<b>Standard Retail/ Mail Order</b> (90 to 100-day supply)	<b>\$0 copay</b> * *	<b>\$0 copay</b> * *
<b>Specialty Retail/LTC/Mail Order</b> (limited to 31-day supply)	<b>\$0 copay</b> * *	<b>\$0 copay</b> * *

\* \*Depending on the level of "Extra Help" you receive. See *Evidence of Coverage* for details.

Benefit	Your costs in our plan
<b>Deductible</b>	<b>\$0</b>

<b>Initial Coverage</b>	<b>\$0</b> for all covered drugs  You can get a 31, 90 or 100-day supply of drugs. This includes home infusion drugs obtained through your Part D benefit. Note: Specialty drugs have a 31-day limit
<b>Coverage Gap</b>	<b>\$0</b>
<b>Catastrophic Coverage</b>	<b>\$0</b>

### Additional Drug Coverage

- Please call us or see the plan’s *“Evidence of Coverage”* on our website ([www.floridablue.com/medicare](http://www.floridablue.com/medicare)) for complete information about your costs for covered drugs. If you request and the plan approves a formulary exception, 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 90 days) of a drug.
- Our plan covers most Part D vaccines at no cost to you including shingles, tetanus and travel vaccines.



## Disclaimers

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

If you have any questions, please contact our Member Services at 1-800-926-6565. (TTY users should call 1-800-955-8770.) Our hours are 8:00 a.m. to 8:00 p.m. local time, seven days a week, from October 1 through March 31, except for Thanksgiving and Christmas. From April 1 through September 30, our hours are 8:00 a.m. to 8:00 p.m. local time, Monday through Friday, except for major holidays.

HMO coverage is offered by Florida Blue Medicare, Inc., dba Florida Blue Medicare, an Independent Licensee of the Blue Cross and Blue Shield Association.

Sponsored by Florida Blue Medicare, Inc., d/b/a Florida Blue Medicare, and the State of Florida, Agency for Health Care Administration.

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

Monthly plan premium is \$0 for individuals with Medicaid, QMB, or SLMB. Individuals with QI or QWDI qualify for the plan and may have a premium up to \$37.70. Sponsored by Florida Blue Medicare, Inc., d/b/a Florida Blue Medicare, and the State of Florida, Agency for Health Care Administration.

Eligibility for the monthly healthy food allowance and \$0 copays for Part D covered drugs will be determined at the time of enrollment, based on LIS also known as "Extra Help." Unused monthly food allowance does not roll over to the next month.

The Blue Dollars Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated and card can be used for eligible expenses wherever Mastercard is accepted. Mastercard and the circles design is a trademark of Mastercard International Incorporated.

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Nosotros cumplimos con las leyes federales de derechos civiles aplicables y no discriminamos por motivos de raza, color, nacionalidad, edad, discapacidad o sexo. Para información sobre nuestros servicios gratuitos de asistencia lingüística, visite [floridablue.com/es/ndnotice](https://floridablue.com/es/ndnotice).

## Multi-language Interpreter Services

**English:** We have free interpreter services to answer any questions you may have about our health or drug plan. To get an interpreter, just call us at 1-800-926-6565. (TTY users should call 1-800-955-8770). Someone who speaks English/Language can help you. This is a free service.

**Spanish:** Tenemos servicios de intérprete sin costo alguno para responder cualquier pregunta que pueda tener sobre nuestro plan de salud o medicamentos. Para hablar con un intérprete, por favor llame al 1-800-926-6565 (TTY: 1-877-955-8773). Alguien que hable español le podrá ayudar. Este es un servicio gratuito.

**Chinese Mandarin:** 我们提供免费的翻译服务，帮助您解答关于健康或药物保险的任何疑问。如果您需要此翻译服务，请致电 1-800-926-6565。我们的中文工作人员很乐意帮助您。这是一项免费服务。

**Chinese Cantonese:** 您對我們的健康或藥物保險可能存有疑問，為此我們提供免費的翻譯服務。如需翻譯服務，請致電 1-800-926-6565。我們講中文的人員將樂意為您提供幫助。這是一項免費服務。

**Tagalog:** Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggagamot. Upang makakuha ng tagasaling-wika, tawagan lamang kami sa 1-800-926-6565. Maaari kayong tulungan ng isang nakakapagsalita ng Tagalog. Ito ay libreng serbisyo.

**French:** Nous proposons des services gratuits d'interprétation pour répondre à toutes vos questions relatives à notre régime de santé ou d'assurance-médicaments. Pour accéder au service d'interprétation, il vous suffit de nous appeler au 1-800-926-6565. Un interlocuteur parlant Français pourra vous aider. Ce service est gratuit.

**Vietnamese:** Chúng tôi có dịch vụ thông dịch miễn phí để trả lời các câu hỏi về chương sức khỏe và chương trình thuốc men. Nếu quý vị cần thông dịch viên xin gọi 1-800-926-6565. sẽ có nhân viên nói tiếng Việt giúp đỡ quý vị. Đây là dịch vụ miễn phí.

**German:** Unser kostenloser Dolmetscherservice beantwortet Ihren Fragen zu unserem Gesundheits- und Arzneimittelplan. Unsere Dolmetscher erreichen Sie unter 1-800-926-6565. Man wird Ihnen dort auf Deutsch weiterhelfen. Dieser Service ist kostenlos.

**Korean:** 당사는 의료 보험 또는 약품 보험에 관한 질문에 대해 드리고자 무료 통역 서비스를 제공하고 있습니다. 통역 서비스를 이용하려면 전화 1-800-926-6565. 번으로 문의해 주십시오. 한국어를 하는 담당자가 도와 드릴 것입니다. 이 서비스는 무료로 운영됩니다.

**Russian:** Если у вас возникнут вопросы относительно страхового или медикаментного плана, вы можете воспользоваться нашими бесплатными услугами переводчиков. Чтобы воспользоваться услугами переводчика, позвоните нам по телефону 1-800-926-6565. Вам окажет помощь сотрудник, который говорит по-русски. Данная услуга бесплатная.

Form CMS-10802  
(Expires 12/31/25)

**Arabic:** إننا نقدم خدمات المترجم الفوري المجانية للإجابة عن أي أسئلة تتعلق بالصحة أو جدول الأدوية لدينا. للحصول على بمساعدتك. هذه خدمة مترجم فوري، ليس عليك سوى الاتصال بنا على 1-800-926-6565. سيقوم شخص ما يتحدث العربية مجاناً.

**Hindi:** हमारे स्वास्थ्य या दवा की योजना के बारे में आपके किसी भी प्रश्न के जवाब देने के लिए हमारे पास मुफ्त दुभाषिया सेवाएँ उपलब्ध हैं. एक दुभाषिया प्राप्त करने के लिए, बस हमें 1-800-926-6565. पर फोन करें. कोई व्यक्ति जो हिन्दी बोलता है आपकी मदद कर सकता है. यह एक मुफ्त सेवा है.

**Italian:** È disponibile un servizio di interpretariato gratuito per rispondere a eventuali domande sul nostro piano sanitario e farmaceutico. Per un interprete, contattare il numero 1-800-926-6565. Un nostro incaricato che parla Italianovi fornirà l'assistenza necessaria. È un servizio gratuito.

**Portuguese:** Dispomos de serviços de interpretação gratuitos para responder a qualquer questão que tenha acerca do nosso plano de saúde ou de medicação. Para obter um intérprete, contacte-nos através do número 1-800-926-6565. Irá encontrar alguém que fale o idioma Português para o ajudar. Este serviço é gratuito.

**French Creole:** Nou genyen sèvis entèprèt gratis pou reponn tout kesyon ou ta genyen konsènan plan medikal oswa dwòg nou an. Pou jwenn yon entèprèt, jis rele nou nan 1-800-926-6565. Yon moun ki pale Kreyòl kapab ede w. Sa a se yon sèvis ki gratis.

**Polish:** Umożliwiamy bezpłatne skorzystanie z usług tłumacza ustnego, który pomoże w uzyskaniu odpowiedzi na temat planu zdrowotnego lub dawkowania leków. Aby skorzystać z pomocy tłumacza znającego język polski, należy zadzwonić pod numer 1-800-926-6565. Ta usługa jest bezpłatna.

**Japanese:** 当社の健康 健康保険と薬品 処方薬プランに関するご質問にお答えするために、無料の通訳サービスがあります。通訳をご用命になるには、1-800-926-6565 にお電話ください。日本語を話す人 者 が支援いたします。これは無料のサー ビスです。