

## 2023 Summary of Benefits

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

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BlueMedicare Classic (HMO) H1035-020

BlueMedicare Premier (HMO) H1035-026

1/1/2023 – 12/31/2023



The plans' service area includes:

**Orange, Osceola and Seminole 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 2023* 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
- live in **our service area.**

Our H1035-020 service area includes the following counties in Florida: Orange, Osceola and Seminole  
Our H1035-026 service area includes the following counties in Florida: Orange, Osceola and Seminole

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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).
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## 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.

## Monthly Premium, Deductible and Limits

	<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020	<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026
<b>Monthly Plan Premium</b>	<b>\$0</b> You must continue to pay your Medicare Part B premium.	<b>\$0</b> You must continue to pay your Medicare Part B premium.
<b>Deductible</b>	<b>\$0</b> per year for health care services <b>\$0</b> per year for Part D prescription drugs	<b>\$0</b> per year for health care services <b>\$0</b> per year for Part D prescription drugs
<b>Maximum Out-of-Pocket Responsibility</b>	<b>\$5,000</b> is the most you pay for copays, coinsurance and other costs for Medicare-covered medical services from in-network providers for the year.	<b>\$2,900</b> is the most you pay for copays, coinsurance and other costs for Medicare-covered medical services from in-network providers for the year.

## Medical and Hospital Benefits

	<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020	<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026
<b>Inpatient Hospital Coverage</b> ◇	<ul style="list-style-type: none"> <li>• <b>\$214</b> copay per day for days 1-7</li> <li>• <b>\$0</b> copay per day, after day 7</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$68</b> copay per day for days 1-6</li> <li>• <b>\$0</b> copay per day, after day 6</li> </ul>
<b>Outpatient Hospital Coverage</b>	<ul style="list-style-type: none"> <li>• <b>\$200</b> copay per visit for Medicare-covered services ◇</li> <li>• <b>\$90</b> copay per visit for Medicare-covered observation services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$75</b> copay per visit for Medicare-covered services ◇</li> <li>• <b>\$105</b> copay per visit for Medicare-covered observation services</li> </ul>
<b>Ambulatory Surgical Center (ASC) Services</b> ◇	<ul style="list-style-type: none"> <li>• <b>\$150</b> copay for surgery services provided at an Ambulatory Surgical Center</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$50</b> copay for surgery services provided at an Ambulatory Surgical Center</li> </ul>

	<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020	<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026
<b>Doctor Visits</b>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay per primary care visit</li> <li>• <b>\$35</b> copay per specialist visit*</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay per primary care visit</li> <li>• <b>\$10</b> copay per specialist visit*</li> </ul>
<b>Preventive Care</b>	<p><b>\$0</b> copay for Medicare-covered services</p> <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> <li>• Diabetes screening</li> <li>• Diabetes self-management training, diabetic services and supplies</li> <li>• Health and wellness education programs</li> <li>• Hepatitis C Screening</li> <li>• HIV screening</li> <li>• Immunizations</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and therapy to promote sustained weight loss</li> <li>• Prostate cancer screening exams</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> </ul>	<p><b>\$0</b> copay for Medicare-covered services</p> <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> <li>• Diabetes screening</li> <li>• Diabetes self-management training, diabetic services and supplies</li> <li>• Health and wellness education programs</li> <li>• Hepatitis C Screening</li> <li>• HIV screening</li> <li>• Immunizations</li> <li>• Medical nutrition therapy</li> <li>• Medicare Diabetes Prevention Program (MDPP)</li> <li>• Obesity screening and therapy to promote sustained weight loss</li> <li>• Prostate cancer screening exams</li> <li>• Screening and counseling to reduce alcohol misuse</li> <li>• Screening for lung cancer with low dose computed tomography (LDCT)</li> <li>• Screening for sexually transmitted infections (STIs) and counseling to prevent STIs</li> </ul>

	<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020	<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026
	<ul style="list-style-type: none"> <li>Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>Vision care: Glaucoma screening</li> <li>“Welcome to Medicare” preventive visit</li> </ul>	<ul style="list-style-type: none"> <li>Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)</li> <li>Vision care: Glaucoma screening</li> <li>“Welcome to Medicare” preventive visit</li> </ul>
<b>Emergency Care</b>	<p><b>Medicare-Covered Emergency Care</b></p> <ul style="list-style-type: none"> <li><b>\$90</b> copay per visit, in- or out-of-network</li> </ul> <p>This copay is waived if you are admitted to the hospital within 48 hours of an emergency room visit.</p> <p><b>Worldwide Emergency Care Services</b></p> <ul style="list-style-type: none"> <li><b>\$125</b> copay for Worldwide Emergency Care</li> <li><b>\$25,000</b> combined yearly limit for Worldwide Emergency Care and Worldwide Urgently Needed Services</li> </ul> <p>Does not include emergency transportation.</p>	<p><b>Medicare-Covered Emergency Care</b></p> <ul style="list-style-type: none"> <li><b>\$105</b> copay per visit, in- or out-of-network</li> </ul> <p>This copay is waived if you are admitted to the hospital within 48 hours of an emergency room visit.</p> <p><b>Worldwide Emergency Care Services</b></p> <ul style="list-style-type: none"> <li><b>\$125</b> copay for Worldwide Emergency Care</li> <li><b>\$25,000</b> combined yearly limit for Worldwide Emergency Care and Worldwide Urgently Needed Services</li> </ul> <p>Does not include emergency transportation.</p>
<b>Urgently Needed Services</b>	<p><b>Medicare-Covered Urgently Needed Services</b></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>\$35</b> copay at an Urgent Care Center, in- or out-of-network</li> </ul> <p>Convenient Care Services are outpatient services for non-emergency injuries and illnesses that need treatment when most family physician offices are closed.</p> <ul style="list-style-type: none"> <li><b>\$35</b> copay at a Convenient Care Center, in- or out-of-network</li> </ul>	<p><b>Medicare-Covered Urgently Needed Services</b></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>\$20</b> copay at an Urgent Care Center, in- or out-of-network</li> </ul> <p>Convenient Care Services are outpatient services for non-emergency injuries and illnesses that need treatment when most family physician offices are closed.</p> <ul style="list-style-type: none"> <li><b>\$20</b> copay at a Convenient Care Center, in- or out-of-network</li> </ul>

	<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020	<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026
	<p><b>Worldwide Urgently Needed Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$125</b> copay for Worldwide Urgently Needed Services</li> <li>• <b>\$25,000</b> combined yearly limit for Worldwide Emergency Care and Worldwide Urgently Needed Services</li> </ul> <p>Does not include emergency transportation.</p>	<p><b>Worldwide Urgently Needed Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$125</b> copay for Worldwide Urgently Needed Services</li> <li>• <b>\$25,000</b> combined yearly limit for Worldwide Emergency Care and Worldwide Urgently Needed Services</li> </ul> <p>Does not include emergency transportation.</p>
<b>Diagnostic Services/ Labs/Imaging *◇</b>	<p><b>Diagnostic Procedures and Tests</b></p> <ul style="list-style-type: none"> <li>• <b>\$100</b> copay at an Independent Diagnostic Testing Facility (IDTF)</li> <li>• <b>\$100</b> copay at an outpatient hospital facility</li> <li>• <b>\$0</b> copay for allergy testing</li> </ul> <p><b>Laboratory Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay at an Independent Clinical Laboratory</li> <li>• <b>\$35</b> copay at an outpatient hospital facility</li> </ul> <p><b>X-Rays</b></p> <ul style="list-style-type: none"> <li>• <b>\$25</b> copay at a physician’s office or an Independent Diagnostic Testing Facility (IDTF)</li> <li>• <b>\$250</b> copay at an outpatient hospital facility</li> </ul> <p><b>Advanced Imaging Services</b> Includes services such as Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET), and Computer Tomography (CT) Scan.</p> <ul style="list-style-type: none"> <li>• <b>\$100</b> copay at a physician’s office or at an IDTF</li> <li>• <b>\$250</b> copay at an outpatient hospital facility</li> </ul> <p><b>Radiation Therapy</b></p> <ul style="list-style-type: none"> <li>• <b>20%</b> of the Medicare-allowed amount</li> </ul>	<p><b>Diagnostic Procedures and Tests</b></p> <ul style="list-style-type: none"> <li>• <b>\$50</b> copay at an Independent Diagnostic Testing Facility (IDTF)</li> <li>• <b>\$50</b> copay at an outpatient hospital facility</li> <li>• <b>\$0</b> copay for allergy testing</li> </ul> <p><b>Laboratory Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay at an Independent Clinical Laboratory</li> <li>• <b>\$35</b> copay at an outpatient hospital facility</li> </ul> <p><b>X-Rays</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay at a physician’s office or an Independent Diagnostic Testing Facility (IDTF)</li> <li>• <b>\$100</b> copay at an outpatient hospital facility</li> </ul> <p><b>Advanced Imaging Services</b> Includes services such as Magnetic Resonance Imaging (MRI), Positron Emission Tomography (PET), and Computer Tomography (CT) Scan.</p> <ul style="list-style-type: none"> <li>• <b>\$25</b> copay at a physician’s office or at an IDTF</li> <li>• <b>\$150</b> copay at an outpatient hospital facility</li> </ul> <p><b>Radiation Therapy</b></p> <ul style="list-style-type: none"> <li>• <b>20%</b> of the Medicare-allowed amount</li> </ul>

	<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020	<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026
<b>Hearing Services</b>	<p><b>Medicare-Covered Hearing Services*</b></p> <ul style="list-style-type: none"> <li>• <b>\$35</b> copay for exams to diagnose and treat hearing and balance issues</li> </ul> <p><b>Additional Hearing Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for one routine hearing exam per year</li> <li>• <b>\$0</b> copay for evaluation and fitting of hearing aids</li> <li>• <b>\$350 per ear.</b> You pay a \$0 copay for up to 2 hearing aids every year with a maximum benefit allowance of \$350 per ear.</li> </ul> <p>NOTE: Hearing aids must be purchased through our participating provider to have access to the benefit.</p> <ul style="list-style-type: none"> <li>• Member is responsible for any amount after the benefit allowance has been applied. Subject to benefit maximum.</li> </ul>	<p><b>Medicare-Covered Hearing Services*</b></p> <ul style="list-style-type: none"> <li>• <b>\$10</b> copay for exams to diagnose and treat hearing and balance issues</li> </ul> <p><b>Additional Hearing Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for one routine hearing exam per year</li> <li>• <b>\$0</b> copay for evaluation and fitting of hearing aids</li> <li>• <b>\$750 per ear.</b> You pay a \$0 copay for up to 2 hearing aids every year with a maximum benefit allowance of \$750 per ear.</li> </ul> <p>NOTE: Hearing aids must be purchased through our participating provider to have access to the benefit.</p> <ul style="list-style-type: none"> <li>• Member is responsible for any amount after the benefit allowance has been applied. Subject to benefit maximum.</li> </ul>
<b>Dental Services</b>	<p><b>Medicare-Covered Dental Services ◇</b></p> <ul style="list-style-type: none"> <li>• <b>\$35</b> copay for non-routine dental care</li> </ul> <p><b>Additional Dental Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for covered preventive dental services</li> <li>• <b>\$0</b> copay for covered comprehensive dental services</li> </ul>	<p><b>Medicare-Covered Dental Services ◇</b></p> <ul style="list-style-type: none"> <li>• <b>\$10</b> copay for non-routine dental care</li> </ul> <p><b>Additional Dental Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for covered preventive dental services</li> <li>• <b>\$0</b> copay for covered comprehensive dental services</li> <li>• This plan has a <b>\$0</b> deductible</li> <li>• <b>Unlimited</b> maximum allowance per year for covered comprehensive dental services</li> </ul>
<b>Vision Services</b>	<p><b>Medicare-Covered Vision Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$35</b> copay for physician services to diagnose and treat eye diseases and conditions*</li> </ul>	<p><b>Medicare-Covered Vision Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$10</b> copay for physician services to diagnose and treat eye diseases and conditions*</li> </ul>

	<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020	<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026
	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for glaucoma screening (once per year for members at high risk of glaucoma)</li> <li>• <b>\$0</b> copay for one diabetic retinal exam per year</li> <li>• <b>\$0</b> copay for one pair of eyeglasses or contact lenses after each cataract surgery</li> </ul> <p><b>Additional Vision Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for one routine eye exam per year</li> <li>• <b>\$100</b> maximum allowance per year towards the purchase of lenses, frames or contact lenses</li> <li>• Member responsible for costs exceeding the annual maximum plan benefit allowance</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for glaucoma screening (once per year for members at high risk of glaucoma)</li> <li>• <b>\$0</b> copay for one diabetic retinal exam per year</li> <li>• <b>\$0</b> copay for one pair of eyeglasses or contact lenses after each cataract surgery</li> </ul> <p><b>Additional Vision Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$0</b> copay for one routine eye exam per year</li> <li>• <b>\$350</b> maximum allowance per year towards the purchase of lenses, frames or contact lenses</li> <li>• Member responsible for costs exceeding the annual maximum plan benefit allowance</li> </ul>
<b>Mental Health Services</b> ♦	<p><b>Inpatient Mental Health Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$300</b> copay per day for days 1-5</li> <li>• <b>\$0</b> copay per day for days 6-90</li> <li>• 190-day lifetime benefit maximum in a psychiatric hospital</li> </ul> <p><b>Outpatient Mental Health Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$20</b> copay</li> </ul>	<p><b>Inpatient Mental Health Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$150</b> copay per day for days 1-9</li> <li>• <b>\$0</b> copay per day for days 10-90</li> <li>• 190-day lifetime benefit maximum in a psychiatric hospital</li> </ul> <p><b>Outpatient Mental Health Services</b></p> <ul style="list-style-type: none"> <li>• <b>\$20</b> copay</li> </ul>
<b>Skilled Nursing Facility (SNF)</b> ♦	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay per day for days 1-20</li> <li>• <b>\$184</b> copay per day for days 21-100</li> </ul> <p>Our plan covers up to 100 days in a SNF per benefit period.</p>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay per day for days 1-20</li> <li>• <b>\$184</b> copay per day for days 21-100</li> </ul> <p>Our plan covers up to 100 days in a SNF per benefit period.</p>
<b>Physical Therapy</b> *♦	<ul style="list-style-type: none"> <li>• <b>\$35</b> copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$25</b> copay per visit</li> </ul>
<b>Ambulance</b> ♦	<ul style="list-style-type: none"> <li>• <b>\$250</b> copay for each Medicare-covered trip (one-way)</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$225</b> copay for each Medicare-covered trip (one-way)</li> </ul>
<b>Transportation</b>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for 48 one-way trips annually for rides to your doctor, hospital or pharmacy</li> </ul> <p>These services can accommodate wheelchairs, walkers, oxygen tanks and service animals</p>



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<b>Medicare Part B Drugs</b>	<ul style="list-style-type: none"> <li>• <b>\$5</b> copay for allergy injections</li> <li>• <b>20%</b> of the Medicare-allowed amount for chemotherapy drugs and other Medicare Part B-covered drugs ♦</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$5</b> copay for allergy injections</li> <li>• <b>20%</b> of the Medicare-allowed amount for chemotherapy drugs and other Medicare Part B-covered drugs ♦</li> </ul>

## Additional Benefits

	<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020	<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026
<b>At Home Care</b>	<p>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>Benefits include the following: <b>At Home Care, 60 hours per year.</b></p> <ul style="list-style-type: none"> <li>• Services include support with Instrumental Activities of Daily Living (IADL).</li> </ul>	<p>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>Benefits include the following: <b>At Home Care, 60 hours per year.</b></p> <ul style="list-style-type: none"> <li>• Services include support with Instrumental Activities of Daily Living (IADL).</li> </ul>
<b>Caregiver Support for Member</b>	<p>Provides coverage for coaching, education and support services such as counseling and training courses for caregivers of enrollees. 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>	<p>Provides coverage for coaching, education and support services such as counseling and training courses for caregivers of enrollees. 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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	See the <i>Evidence of Coverage</i> for benefit details.	See the <i>Evidence of Coverage</i> for benefit details.
<b>Diabetic Supplies</b>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay at your network 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> </ul> </li> </ul> <p><b>Important Note: 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. Lifescan (OneTouch®) as well as other brands of glucose meters and test strips can also be obtained through our participating DME network.</p>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay at your network 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> </ul> </li> </ul> <p><b>Important Note: 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. Lifescan (OneTouch®) as well as other brands of glucose meters and test strips can also be obtained through our participating DME network.</p>
<b>Medicare Diabetes Prevention Program</b>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Medicare-covered services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$0</b> copay for Medicare-covered services</li> </ul>
<b>Podiatry</b>	<ul style="list-style-type: none"> <li>• <b>\$40</b> copay for each Medicare-covered podiatry visit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$25</b> copay for each Medicare-covered podiatry visit</li> </ul>
<b>Chiropractic</b>	<ul style="list-style-type: none"> <li>• <b>\$20</b> copay for each Medicare-covered chiropractic service</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$20</b> copay for each Medicare-covered chiropractic service</li> </ul>
<b>Medical Equipment and Supplies ♦</b>	<ul style="list-style-type: none"> <li>• <b>20%</b> of the Medicare-allowed amount for all plan approved, Medicare-covered motorized wheelchairs and electric scooters</li> <li>• <b>0%</b> of the Medicare-allowed amount for all other plan approved, Medicare-covered durable medical equipment</li> </ul>	<ul style="list-style-type: none"> <li>• <b>20%</b> of the Medicare-allowed amount for all plan approved, Medicare-covered motorized wheelchairs and electric scooters</li> <li>• <b>0%</b> of the Medicare-allowed amount for all other plan approved, Medicare-covered durable medical equipment</li> </ul>

	<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020	<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026
<b>Outpatient Occupational and Speech Therapy *◇</b>	<ul style="list-style-type: none"> <li>• <b>\$35</b> copay per visit</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$25</b> copay per visit</li> </ul>
<b>Telehealth *◇</b>	<ul style="list-style-type: none"> <li>• <b>\$35</b> copay for Urgently Needed Services</li> <li>• <b>\$0</b> copay for Primary Care Services</li> <li>• <b>\$35</b> copay for Occupational Therapy/Physical Therapy/Speech Therapy at a freestanding location</li> <li>• <b>\$35</b> copay for Occupational Therapy/Physical Therapy/Speech Therapy at an outpatient hospital</li> <li>• <b>\$35</b> copay for Dermatology Services</li> <li>• <b>\$20</b> copay for individual sessions for outpatient Mental Health Specialty Services</li> <li>• <b>\$20</b> copay for individual sessions for outpatient Psychiatry Specialty Services</li> <li>• <b>\$20</b> copay for Opioid Treatment Program Services</li> <li>• <b>\$20</b> copay for individual sessions for outpatient Substance Abuse Specialty Services</li> <li>• <b>\$0</b> copay for Diabetes Self-Management Training</li> <li>• <b>\$0</b> copay for Dietician Services</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$20</b> copay for Urgently Needed Services</li> <li>• <b>\$0</b> copay for Primary Care Services</li> <li>• <b>\$25</b> copay for Occupational Therapy/Physical Therapy/Speech Therapy at a freestanding location</li> <li>• <b>\$25</b> copay for Occupational Therapy/Physical Therapy/Speech Therapy at an outpatient hospital</li> <li>• <b>\$10</b> copay for Dermatology Services</li> <li>• <b>\$20</b> copay for individual sessions for outpatient Mental Health Specialty Services</li> <li>• <b>\$20</b> copay for individual sessions for outpatient Psychiatry Specialty Services</li> <li>• <b>\$20</b> copay for Opioid Treatment Program Services</li> <li>• <b>\$20</b> copay for individual sessions for outpatient Substance Abuse Specialty Services</li> <li>• <b>\$0</b> copay for Diabetes Self-Management Training</li> <li>• <b>\$0</b> copay for Dietician Services</li> </ul>
<b>Special Supplemental Benefits for the Chronically Ill (SSBCI) ◇</b>	<ul style="list-style-type: none"> <li>• Not covered</li> </ul>	<p>Members diagnosed as having one or a combination of Coronary Artery Disease (CAD), Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), and/or Diabetes may receive the following additional benefits:</p> <ul style="list-style-type: none"> <li>• Chronic Condition Meals: 20 meals per month</li> <li>• Nutritional Therapy and Planning: 3 phone consultations with counselor</li> </ul>

<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020	<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026
	<ul style="list-style-type: none"> <li>• OTC: additional allowance of \$50</li> <li>• Fitness: 5 personal trainer sessions and specialized classes through SilverSneakers®</li> <li>• Transportation: 12 one-way additional trips with no clinical criteria</li> </ul> <p>See the <i>Evidence of Coverage</i> for full eligibility requirements.</p>
<b>Health Education</b> <ul style="list-style-type: none"> <li>• meQuilibrium’s digital coaching platform delivers clinically validated and highly personalized resilience solutions to help people improve their ability to manage stress and successfully cope with life’s challenges. To get started visit <a href="http://www.floridablue.com/medicare">www.floridablue.com/medicare</a> to log in to My Health Link™, your member portal. Select “My Health Center” then “meQuilibrium”.</li> </ul>	<ul style="list-style-type: none"> <li>• meQuilibrium’s digital coaching platform delivers clinically validated and highly personalized resilience solutions to help people improve their ability to manage stress and successfully cope with life’s challenges. To get started visit <a href="http://www.floridablue.com/medicare">www.floridablue.com/medicare</a> to log in to My Health Link™, your member portal. Select “My Health Center” then “meQuilibrium”.</li> </ul>
<b>Over-the-Counter Items</b> <ul style="list-style-type: none"> <li>• Not Covered</li> </ul>	<ul style="list-style-type: none"> <li>• <b>\$150</b> quarterly allowance for the purchase of non-prescription items such as vitamins and aspirin</li> <li>• Any balance not used for a quarter will not carry over to the next quarter</li> </ul>
<b>SilverSneakers® Fitness Program</b> <ul style="list-style-type: none"> <li>• Gym membership and classes available at fitness locations across the country, including national chains and local gyms</li> <li>• Access to exercise equipment and other amenities, classes for all levels and abilities, social events, and more</li> </ul>	<ul style="list-style-type: none"> <li>• Gym membership and classes available at fitness locations across the country, including national chains and local gyms</li> <li>• Access to exercise equipment and other amenities, classes for all levels and abilities, social events, and more</li> </ul>
<b>HealthyBlue Rewards</b> <ul style="list-style-type: none"> <li>• Your BlueMedicare plan rewards you for taking care of your health. Redeem gift card rewards for</li> </ul>	<ul style="list-style-type: none"> <li>• Your BlueMedicare plan rewards you for taking care of your health. Redeem gift card rewards for</li> </ul>

<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020	<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026
completing and reporting preventive care and screenings.	completing and reporting preventive care and screenings.

## Part D Prescription Drug Benefits

### Deductible Stage

**\$0** per year for Part D prescription drugs

### Initial Coverage Stage

You begin in this stage when you fill your first prescription of the year. During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.

<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020	<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026
<b>During the Initial Coverage Stage:</b>	<ul style="list-style-type: none"> <li>You remain in this stage until your total yearly drug costs (your payments plus any Part D plan's payments) reach <b>\$4,660</b>. You may get your drugs at network retail pharmacies and mail-order pharmacies.</li> </ul>
	<ul style="list-style-type: none"> <li>You remain in this stage until your total yearly drug costs (your payments plus any Part D plan's payments) reach <b>\$4,660</b>. You may get your drugs at network retail pharmacies and mail-order pharmacies.</li> </ul>

<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020	<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026				
<i>Up to a 90-day supply Tier 3, 4, 5 &amp; up to a 100-day supply Tiers 1, 2 and 6. See Evidence of Coverage for details.</i>	<b>Standard Retail/LTC/Mail Order (31-day supply)</b>	<b>Standard Retail/Mail Order (90 to 100-day supply)</b>	<b>Standard Retail/LTC/Mail Order (31-day supply)</b>	<b>Standard Retail/Mail Order (90 to 100-day supply)</b>	
	<b>Tier 1 - Preferred Generic</b>	<b>\$0</b> copay	<b>\$0</b> copay	<b>\$0</b> copay	<b>\$0</b> copay
	<b>Tier 2 - Generic</b>	<b>\$10</b> copay	<b>\$30</b> copay	<b>\$0</b> copay	<b>\$0</b> copay

	<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020		<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026	
<b>Tier 3 - Preferred Brand</b>	<b>\$40</b> copay	<b>\$120</b> copay	<b>\$30</b> copay	<b>\$90</b> copay
	<b>\$35</b> copay for Select Insulins	<b>\$105</b> copay for Select Insulins	<b>\$30</b> copay for Select Insulins	<b>\$90</b> copay for Select Insulins
<b>Tier 4 - Non-Preferred Drug</b>	<b>\$93</b> copay	<b>\$279</b> copay	<b>\$93</b> copay	<b>\$279</b> copay
	<b>\$35</b> copay for Select Insulins	<b>\$105</b> copay for Select Insulins	<b>\$30</b> copay for Select Insulins	<b>\$90</b> copay for Select Insulins
<b>Tier 5 - Specialty Tier</b>	<b>33%</b> of the cost	<b>N/A</b>	<b>33%</b> of the cost	<b>N/A</b>
<b>Tier 6 - Select Care Drugs</b>	<b>\$0</b> copay	<b>\$0</b> copay	<b>N/A</b>	<b>N/A</b>

### Coverage Gap Stage

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs.

	<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020	<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026
<b>During the Coverage Gap Stage:</b>	<ul style="list-style-type: none"> <li>The Coverage Gap Stage begins after your total year-to-date drug cost (your payments plus any Part D plan's payments) reaches <b>\$4,660</b>. You stay in this stage until your year-to-date "out-of-pocket" costs reach a total of <b>\$7,400</b>.</li> <li>You pay the same copays that you paid in the Initial Coverage Stage for drugs in Tier 1 (Preferred Generic), Tier 2 (Generic) and Tier 6 (Select Care Drugs) – or <b>25%</b> of the cost, whichever is lower</li> <li>For generic drugs, you pay <b>25%</b> of the cost</li> <li>For brand-name drugs, you pay <b>25%</b> of the cost (plus a portion of the dispensing fee)</li> </ul>	<ul style="list-style-type: none"> <li>The Coverage Gap Stage begins after your total year-to-date drug cost (your payments plus any Part D plan's payments) reaches <b>\$4,660</b>. You stay in this stage until your year-to-date "out-of-pocket" costs reach a total of <b>\$7,400</b>.</li> <li>You pay the same copays that you paid in the Initial Coverage Stage for drugs in Tier 1 (Preferred Generic) and Tier 2 (Generic) – or <b>25%</b> of the cost, whichever is lower</li> <li>For generic drugs, you pay <b>25%</b> of the cost</li> <li>For brand-name drugs, you pay <b>25%</b> of the cost (plus a portion of the dispensing fee)</li> </ul>

<b>BlueMedicare Classic (HMO)</b> Orange, Osceola and Seminole H1035-020	<b>BlueMedicare Premier (HMO)</b> Orange, Osceola and Seminole H1035-026
<ul style="list-style-type: none"> <li>BlueMedicare Classic offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$35 for a one-month supply.</li> </ul>	<ul style="list-style-type: none"> <li>BlueMedicare Premier offers additional gap coverage for Select Insulins. During the Coverage Gap stage, your out-of-pocket costs for Select Insulins will be \$30 for a one-month supply.</li> </ul>

**Catastrophic Coverage Stage**

After your yearly out-of-pocket drug costs reach **\$7,400**, you pay the *greater* of:

- **\$4.15** copay for generic drugs in all tiers (including brand drugs treated as generic) and a **\$10.35** copay for all other drugs in all tiers, or **5%** of the cost.

**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 Drugs) 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.

## **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 number 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.

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

SSBCI benefits are part of special supplemental benefits and not all members will qualify.

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We comply with applicable Federal civil rights laws and do not discriminate on the basis of race, color, national origin, age, disability or sex. Visit [floridablue.com/ndnotice](http://floridablue.com/ndnotice) for information on our free language assistance services.

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](http://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 1-800-962-6565 (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 pagsalaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o panggamot. 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.

**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 Italiano fornirà l'assistenza necessaria. È un servizio gratuito.

**Portugués:** 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 ouwa 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。