2020 Summary of Benefits
Medicare Advantage Plans with Part D Prescription Drug Coverage

BlueMedicare Premier (HMO) H1035-034
1/1/2020 – 12/31/2020

The plan’s service area includes:
Pinellas County

Y0011_34937_M 0819 CMS Accepted
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.

If you want to know more about the coverage and costs of Original Medicare, look in your current "Medicare & You" handbook. View it online at 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.

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 county in Florida: Pinellas

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 at our website (www.floridablue.com/medicare). Or call us and we will send you a copy of the provider and pharmacy directories.

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.
  o We are available October 1 to March 31, 7 days a week from 8:00 a.m. to 8:00 p.m. local time, except for Thanksgiving and Christmas.
  o From April 1 to September 30, we are open Monday through Friday, from 8:00 a.m. to 8:00 p.m. local time.
• Or visit our website at 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.
Monthly Premium, Deductible and Limits

- **Monthly Plan Premium**: $0
  - You must continue to pay your Medicare Part B premium

- **Deductible**: This plan does not have a deductible

- **Maximum Out-of-Pocket Responsibility**: $3,400 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

#### Inpatient Hospital Care
- $150 copay per day, days 1-8
- $0 copay per day after day 8

#### Outpatient Hospital Care
- $100 copay per visit for Medicare-covered services
- $100 copay per visit for observation services

#### Ambulatory Surgery Center
- $50 copay for surgery services provided at an Ambulatory Surgery Center

#### Doctor’s Office Visits
- $0 copay per primary care visit
- $20 copay per specialist* visit

#### Preventive Care
- $0 copay for Medicare-covered services

- Abdominal aortic aneurysm screening
- Alcohol misuse screening and counseling
- Annual Wellness Visit
- Bone mass measurements
- Breast cancer screening (mammograms)
- Cardiovascular disease screening and intensive behavioral therapy
- Cervical and vaginal cancer screening
- Colorectal cancer screening
- Depression screening
- Diabetes screening and self-management training
- Glaucoma screening
- Hepatitis B and C screening
- HIV screening
- Intensive Behavioral Therapy for Obesity
- Lung cancer screening
- Medical nutrition therapy
- Prostate cancer screening
- Sexually transmitted infections - screening and high-intensity behavioral counseling to prevent them
- Smoking and tobacco use cessation counseling
- Vaccines for influenza, pneumonia and Hepatitis B
- Welcome to Medicare preventive visit

Any additional preventive services approved by Medicare during the contract year will be covered.
<table>
<thead>
<tr>
<th>Emergency Care</th>
<th>Medicare-Covered Emergency Care</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ $100 copay per visit, in- or out-of-network</td>
</tr>
<tr>
<td></td>
<td>This copay is waived if you are admitted to the hospital within 48 hours of an emergency room visit.</td>
</tr>
</tbody>
</table>

**Worldwide Emergency Care Services**

- ▪ $125 copay for Worldwide Emergency Care
- ▪ $25,000 combined yearly limit for Worldwide Emergency Care and Worldwide Urgently Needed Services

Does not include emergency transportation.

<table>
<thead>
<tr>
<th>Urgently Needed Services</th>
<th>Medicare-Covered Urgently Needed Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention.</td>
</tr>
<tr>
<td></td>
<td>▪ $10 copay at an Urgent Care Center, in- or out-of-network</td>
</tr>
</tbody>
</table>

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

- ▪ $0 copay at a Convenient Care Center, in- or out-of-network

**Worldwide Urgently Needed Services**

- ▪ $125 copay for Worldwide Urgently Needed Services
- ▪ $25,000 combined yearly limit for Worldwide Emergency Care and Worldwide Urgently Needed Services

Does not include emergency transportation.

<table>
<thead>
<tr>
<th>Diagnostic Services/ Labs/Imaging◊</th>
<th>Laboratory Services</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ $0 copay at an Independent Clinical Laboratory</td>
</tr>
<tr>
<td></td>
<td>▪ $30 copay at an outpatient hospital facility</td>
</tr>
</tbody>
</table>

**X-Rays**

- ▪ $0 copay at an Independent Diagnostic Testing Facility (IDTF)
- ▪ $100 copay at an outpatient hospital facility

**Advanced Imaging Services**

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

- ▪ $50 copay at a specialist’s office or at an IDTF
- ▪ $100 copay at an outpatient hospital facility

**Radiation Therapy**

- ▪ 20% coinsurance

<table>
<thead>
<tr>
<th>Hearing Services</th>
<th>Medicare-Covered Hearing Services*</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>▪ $20 copay for exams to diagnose and treat hearing and balance issues</td>
</tr>
</tbody>
</table>

**Additional Hearing Services**

- ▪ $0 copay for one routine hearing exam per year
- ▪ $0 copay for evaluation and fitting of hearing aids
- ▪ $1,500 maximum allowance per year for up to two hearing aids
Dental Services

Medicare-Comprehensive Dental Services
- $20 copay for non-routine dental care

Additional Dental Services
- Our plan covers both Preventive and Comprehensive Dental services
- Cost-sharing varies based on service

Vision Services

Medicare-Covered Vision Services
- $20 copay for physician services to diagnose and treat eye diseases and conditions*
- $0 copay for glaucoma screening (once per year for members at high risk of glaucoma)
- $0 copay for one diabetic retinal exam per year
- $0 copay for one pair of eyeglasses or contact lenses after each cataract surgery

Additional Vision Services
- $0 copay for an annual routine eye examination
- $100 maximum allowance per year towards the purchase of lenses, frames or contact lenses

Mental Health Care

Inpatient Mental Health Services
- $150 copay per day, days 1-9
- $0 copay per day, days 10-90
- 190-day lifetime benefit maximum in a psychiatric hospital

Outpatient Mental Health Services
- $40 copay

Skilled Nursing Facility (SNF)

- $0 copay per day, days 1-20
- $160 copay per day, days 21-100

Our plan covers up to 100 days in a SNF per benefit period.

Physical Therapy

- $20 copay per visit

Ambulance

- $225 copay for each Medicare-covered trip (one-way)

Transportation

- $0 copay for 48 one-way trips annually for rides to your doctor, hospital or pharmacy
- These services can accommodate wheelchairs, walkers, oxygen tanks and service animals

Medicare Part B Drugs

- $5 copay for allergy injections
- 20% coinsurance for chemotherapy drugs and other Medicare Part B-covered drugs
Part D Prescription Drug Benefits

Deductible Stage
This plan does not have a deductible.

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.

You remain in this stage until your total yearly drug costs (total drug costs paid by you and any Part D plan) reach $4,020. You may get your drugs at network retail pharmacies and mail order pharmacies. Cost sharing below applies to a one-month (31 day) supply.

<table>
<thead>
<tr>
<th>Tier</th>
<th>Preferred Retail</th>
<th>Standard Retail</th>
<th>Mail Order</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>$0 copay</td>
<td>$10 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>2</td>
<td>$0 copay</td>
<td>$15 copay</td>
<td>$0 copay</td>
</tr>
<tr>
<td>3</td>
<td>$30 copay</td>
<td>$47 copay</td>
<td>$30 copay</td>
</tr>
<tr>
<td>4</td>
<td>$90 copay</td>
<td>$100 copay</td>
<td>$90 copay</td>
</tr>
<tr>
<td>5</td>
<td>33% of the cost</td>
<td>33% of the cost</td>
<td>33% of the cost</td>
</tr>
</tbody>
</table>

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. The Coverage Gap Stage begins after the total yearly drug cost (including what our plan has paid and what you have paid) reaches $4,020. You stay in this stage until your year-to-date “out-of-pocket” costs reach a total of $6,350.

During the Coverage Gap Stage:
- 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 25% of the cost, whichever is lower
- For generic drugs in all other tiers, you pay 25% of the cost
- For brand-name drugs, you pay 25% of the cost (plus a portion of the dispensing fee)

Catastrophic Coverage Stage
After your yearly out-of-pocket drug costs reach $6,350, you pay the greater of:
- $3.60 copay for generic drugs in all tiers (including brand drugs treated as generic) and a $8.95 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) 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 Brand/Drug) cost sharing.

- Your cost-sharing may be different if you use a Long-Term Care 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.

Additional Benefits

| Diabetic Supplies ◊ | $0 copay at your network retail or mail-order pharmacy for Diabetic Supplies such as:
| - Lifescan (One Touch®) Glucose Meters
| - Lancets
| - Test Strips

**Important Note:** Insulin, insulin syringes and needles for self-administration in the home are obtained from a retail or mail order pharmacy and are covered under your Medicare Part D pharmacy benefit. Applicable co-pays and deductibles apply.

| Medicare Diabetes Prevention Program | $0 copay for Medicare-covered services
|---|---

| Podiatry | $20 copay for each Medicare-covered podiatry visit
|---|---

| Chiropractic | $20 copay for each Medicare-covered chiropractic visit
|---|---

| Medical Equipment and Supplies ◊ | 20% coinsurance for all plan approved, Medicare-covered motorized wheelchairs and electric scooters
| 0% coinsurance for all other plan approved, Medicare-covered durable medical equipment
|---|---

| Outpatient Occupational and Speech Therapy*◊ | $20 copay per visit
|---|---

You Get More with BlueMedicare

| Over-the-Counter Items | $60 quarterly allowance for the purchase of non-prescription items such as vitamins and aspirin
| | Any balance not used for a quarter will not carry over to the next quarter
|---|---

| HealthyBlue Rewards | Your BlueMedicare plan rewards you for taking care of your health. Redeem gift card rewards for completing and reporting preventive care and screenings
|---|---
**SilverSneakers® Fitness Program**

- College Save: As a SilverSneakers member, you can accumulate tuition discount points for savings on college tuition (up to one year off full tuition) for students that you designate
- Gym membership and classes available at 16,000+ 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
- Classes such as line dance and Latin-style dance, indoor and outdoor boot camp, walking groups, and many more

**Enhanced Benefits**

- Expanded benefits for those who qualify for and participate in our care management programs

**Disclaimers**

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

This information is not a complete description of benefits. Call 1-855-601-9465 (TTY: 1-800-955-8770) for more information.

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

ATTENTION: If you speak Spanish, language assistance services, free of charge, are available to you. Call 1-800-926-6565 (TTY: 1-800-955-8770). ATENCIÓN: Si habla español, hay servicios de traducción, libre de cargos, disponibles para usted. Llame al 1-800-926-6565 (TTY: 1-877-955-8773).

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.
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. We do not exclude people or treat them differently because of race, color, national origin, age, disability, or sex.

We provide:
- Free aids and services to people with disabilities 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 services to people whose primary language is not English, such as:
  - Qualified interpreters
  - Information written in other languages

If you need these services, contact:
- Health and vision coverage: 1-800-352-2583
- Dental, life, and disability coverage: 1-888-223-4892
- Federal Employee Program: 1-800-333-2227

If you believe that we have failed to provide these services or discriminate on the basis of race, color, national origin, disability, age, sex, gender identity or sexual orientation, you can file a grievance with:

**Health and vision coverage (including FEP members):**
Section 1557 Coordinator
4800 Deerwood Campus Parkway, DCC 1-7
Jacksonville, FL 32246
1-800-477-3736 x29070
1-800-955-8770 (TTY)
Fax: 1-904-301-1580
section1557coordinator@floridablue.com

**Dental, life, and disability coverage:**
Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscoordinator@fclife.com

You can file a grievance in person or by mail, fax, or email. If you need help filing a grievance, the Section 1557 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, 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
1-800-537-7697 (TDD)
Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html


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