

FHCP Medicare Rx Plus (HMO) offered by Florida Blue Medicare

Annual Notice of Change for 2027

You're enrolled as a member of FHCP Medicare Rx Plus (HMO).

This material describes changes to our plan's costs and benefits next year.

- **You have from October 15 - December 7 to make changes to your Medicare coverage for next year.** If you don't join another plan by December 7, 2026, you'll stay in FHCP Medicare Rx Plus (HMO).
- To change to a **different plan**, visit [Medicare.gov](https://www.Medicare.gov) or review the list in the back of your *Medicare & You 2027* handbook.
- Note this is only a summary of changes. More information about costs, benefits, and rules is in the *Evidence of Coverage*. Get a copy at www.floridablue.com/medicare/forms or call Member Services at 1-800-926-6565 (TTY users call 711) to get a copy by mail.

More Resources

- This material is available for free in Spanish.
- Call Member Services at 1-800-926-6565 (TTY users call 711) for more information. 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. This call is free.
- This information is available in an alternate format, including large print, audio and braille. Please call Member Services at the number listed above if you need plan information in another format.

About FHCP Medicare Rx Plus (HMO)

- Florida Blue Medicare is an HMO plan with a Medicare contract. Enrollment in Florida Blue Medicare depends on contract renewal.
- When this material says "we," "us," or "our," it means Florida Blue Medicare. When it says "plan" or "our plan," it means FHCP Medicare Rx Plus (HMO).
- **If you do nothing by December 7, 2026, you'll automatically be enrolled in FHCP Medicare Rx Plus (HMO).** Starting January 1, 2027, you'll get your medical and drug coverage through FHCP Medicare Rx Plus (HMO). Go to Section 3 for more information about how to change plans and deadlines for making a change.

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Summary of Important Costs for 2027

	2026 (this year)	2027 (next year)
FHCP Medicare Rx Plus		
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$49.00	\$82.00
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	\$6,750	\$6,750
FHCP Medicare Rx Plus POS		
Monthly plan premium* * Your premium can be higher or lower than this amount. Go to Section 1.1 for details.	\$119.00	No Longer Offered
Maximum out-of-pocket amount This is the <u>most</u> you'll pay out of pocket for covered Part A and Part B services. (Go to Section 1.2 for details.)	<u>In-Network</u> \$6,750 <u>Out-of-Network</u> \$8,000	No Longer Offered
IN-NETWORK MEDICAL BENEFITS		
Primary care office visits	<u>In-Network</u> \$0 copay per visit	<u>In-Network</u> \$0 copay per visit
Specialist office visits	<u>In-Network</u> \$40 copay per visit \$8 copay for physiatrist	<u>In-Network</u> \$40 copay per visit \$40 copay for physiatrist
Inpatient hospital stays Includes various inpatient hospital stays such as acute care, rehabilitation and long-term care. An inpatient hospital stay starts the day you're formally admitted with a doctor's order	<u>In-Network</u> \$350 copay per day for days 1 - 6 \$0 copay per day for days 7 - 90	<u>In-Network</u> \$350 copay per day for days 1 - 6 \$0 copay per day for days 7 - 90

and ends the day before you're discharged.

	2026 (this year)	2027 (next year)
Part D drug coverage (Go to Section 1.7 for details, including Yearly Deductible, Initial Coverage, and Catastrophic Coverage Stages.)	Part D drug coverage deductible \$615 Applies to Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) except for covered insulin products and most adult Part D vaccines. Copay/Coinsurance during the Initial Coverage Stage: Drug Tier 1: <i>Standard cost-sharing:</i> \$17 copay <i>Preferred cost-sharing:</i> \$0 copay Drug Tier 2: <i>Standard cost-sharing:</i> \$20 copay <i>Preferred cost-sharing:</i> \$0 copay Drug Tier 3: <i>Standard cost-sharing:</i> \$47 copay You pay no more than \$35 per month supply	Part D drug coverage deductible \$700 Applies to Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) except for covered insulin products and most adult Part D vaccines. Copay/Coinsurance during the Initial Coverage Stage: Drug Tier 1: <i>Standard cost-sharing:</i> \$0 copay Drug Tier 2: <i>Standard cost-sharing:</i> \$0 copay Drug Tier 3: <i>Standard cost-sharing:</i> \$42 copay You pay no more than \$35 per month supply

	2026 (this year)	2027 (next year)
	of each covered insulin product on this tier. <i>Preferred cost-sharing:</i> \$42 copay You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 4: <i>Standard cost-sharing:</i> 25% of the total cost You pay no more than \$35 per month supply of each covered insulin product on this tier. <i>Preferred cost-sharing:</i> 25% of the total cost You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: <i>Standard cost-sharing:</i> 25% of the total cost You pay no more than \$35 per month supply of each covered insulin product on this tier. <i>Preferred cost-sharing:</i> 25% of the total cost	of each covered insulin product on this tier. Drug Tier 4: <i>Standard cost-sharing:</i> 27% of the total cost You pay no more than \$35 per month supply of each covered insulin product on this tier. Drug Tier 5: <i>Standard cost-sharing:</i> 25% of the total cost You pay no more than \$35 per month supply of each covered insulin product on this tier.

	2026 (this year)	2027 (next year)
	You pay no more than \$35 per month supply of each covered insulin product on this tier.	
	Drug Tier 6: <i>Standard cost-sharing:</i> \$0 copay <i>Preferred cost-sharing:</i> \$0 copay	Drug Tier 6: <i>Standard cost-sharing:</i> \$0 copay
	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.	Catastrophic Coverage Stage: During this payment stage, you pay nothing for your covered Part D drugs.

SECTION 1 Changes to Benefits & Costs for Next Year

Section 1.1 – Changes to the Monthly Plan Premium

	2026 (this year)	2027 (next year)
Monthly plan premium (You must also continue to pay your Medicare Part B premium.)	\$49.00	\$82.00
Additional premium for optional supplemental benefits If you've enrolled in an optional supplemental benefit package, you'll pay this premium in addition to the monthly plan premium above. (You must also continue to pay your Medicare Part B premium.)	\$70.00 This additional premium is for the supplemental Optional Point of Service benefit.	No Longer Offered

Factors that could change your Part D Premium Amount

- **Late Enrollment Penalty** - Your monthly plan premium will be *more* if you're required to pay a lifetime Part D late enrollment penalty for going without Part D or other drug coverage that's at least as good as Medicare drug coverage (also referred to as creditable coverage) for 63 days or more.
- **Higher Income Surcharge** - If you have a higher income, you may have to pay an additional amount each month directly to the government for Medicare drug coverage.
- **Extra Help** - Your monthly plan premium will be *less* if you get Extra Help with your drug costs. Go to Section 4 for more information about Extra Help from Medicare.

Section 1.2 – Changes to Your Maximum Out-of-Pocket Amount

Medicare requires all health plans to limit how much you pay out of pocket for the year. This limit is called the maximum out-of-pocket amount. Once you've paid this amount, you generally pay nothing for covered Part A and Part B services for the rest of the calendar year.

	2026 (this year)	2027 (next year)
In-Network Maximum out-of-pocket amount (for FHCP Medicare Rx Plus only) Your costs for covered medical services (such as copayments) count toward your in-network maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$6,750	\$6,750 Once you've paid \$6,750 out of pocket for covered Part A and Part B services, you'll pay nothing for your covered Part A and Part B services for the rest of the calendar year.
Out-of-Network Maximum out-of-pocket amount (for FHCP Medicare Rx Plus POS only) Your costs for covered medical services (such as copayments) count toward your out-of-network maximum out-of-pocket amount. Our plan premium and your costs for prescription drugs don't count toward your maximum out-of-pocket amount.	\$8,000	No Longer Offered

Section 1.3 – Changes to the Provider Network

Our network of providers has changed for next year. Review the 2027 *Provider Directory* <https://providersearch.floridablue.com/> to see if your providers (primary care provider, specialists, hospitals, etc.) are in our network. Here’s how to get an updated *Provider Directory*:

- Visit our website at <https://providersearch.floridablue.com/>.
- Call Member Services at 1-800-926-6565 (TTY users call 711) to get current provider information or to ask us to mail you a *Provider Directory*.

We can make changes to the hospitals, doctors, and specialists (providers) that are part of our plan during the year. If a mid-year change in our providers affects you, call Member Services at 1-800-926-6565 (TTY users call 711) for help. You may have a special enrollment period if your provider leaves the plan network. For more information on your rights when a network provider leaves our plan, go to Chapter 3, Section 2.3 of your *Evidence of Coverage*.

Section 1.4 – Changes to the Pharmacy Network

Amounts you pay for your prescription drugs can depend on which pharmacy you use. Medicare drug plans have a network of pharmacies. In most cases, your prescriptions are covered *only* if they are filled at one of our network pharmacies.

Our network of pharmacies has changed for next year. Review the 2027 *Pharmacy Directory* <https://providersearch.floridablue.com/> to see which pharmacies are in our network. Here’s how to get an updated *Pharmacy Directory*:

- Visit our website at <https://providersearch.floridablue.com/>.
- Call Member Services at 1-800-926-6565 (TTY users call 711) to get current pharmacy information or to ask us to mail you a *Pharmacy Directory*.

We can make changes to the pharmacies that are part of our plan during the year. If a mid-year change in our pharmacies affects you, call Member Services at 1-800-926-6565 (TTY users call 711) for help.

Section 1.5 – Changes to Benefits & Costs for Medical Services

	2026 (this year)	2027 (next year)
IN-NETWORK MEDICAL BENEFITS		

	2026 (this year)	2027 (next year)
Acupuncture for Chronic Low Back Pain	Prior Authorization is required.	Prior Authorization is <u>not</u> required.
Advanced Imaging Services	<u>In-Network</u> - You pay a \$10 copay for a diagnostic ultrasound at a Physician's Office - You pay a \$10 copay for a diagnostic ultrasound at an Independent Diagnostic Testing Facility (IDTF) - You pay a \$25 copay for a diagnostic ultrasound at an Outpatient Hospital Facility	<u>In-Network</u> You pay a \$0 copay for a diagnostic ultrasound at a physician office or Independent Diagnostic Testing Facility (IDTF) or Outpatient Hospital Facility
Ambulance Services	<u>In-Network</u> You pay a \$175 copay for facility-to-facility transfer via ground Ambulance	<u>In-Network</u> You pay a \$0 copay for facility-to-facility transfer via ground Ambulance
Ambulatory Surgical Center (ASC) Services	Referral is required.	Referral is <u>not</u> required.
Cardiac rehabilitation	Prior Authorization is required.	Prior Authorization is <u>not</u> required.
Dental Services (additional benefits)	<u>In-Network</u> Dental Services* (additional benefits) are <u>not</u> covered	<u>In-Network</u> Clinical Oral Evaluations - You pay a \$0 copay for Periodic oral evaluation (D0120) - 2 evaluations per calendar year. - You pay a \$0 copay for Comprehensive oral evaluation, new or established patient (D0150) - limited to 1 per dentist lifetime; counts toward the 2 evaluations

2026 (this year)	2027 (next year)
	per calendar year limit for D0120 and D0150 combined. Dental Prophylaxis (Cleanings) - You pay a \$0 copay for Routine prophylaxis (adult) (D1110) - 2 cleanings per calendar year. Diagnostic Imaging (X-Rays) - You pay a \$0 copay for 1 set every 3 calendar years: - Intraoral complete series of radiographic images (D0210) - Panoramic radiographic image (D0330) - You pay a \$0 copay for 1 set per calendar year; any of these services constitute a set: - Bitewing, single radiographic image (D0270) - Bitewings, two radiographic images (D0272) - Bitewings, three radiographic images (D0273) - Bitewings, four radiographic images (D0274) - Vertical bitewings, 7-8 radiographic images (D0277)

	2026 (this year)	2027 (next year)
		Prosthodontics, Removable (Dentures) - You pay a \$0 copay for 1 service per calendar year (combined limit): - Adjust complete denture - maxillary (D5410) - Adjust complete denture - mandibular (D5411) - Adjust partial denture - maxillary (D5421) - Adjust partial denture - mandibular (D5422) Oral and Maxillofacial Surgery - You pay a \$0 copay for Extraction, erupted tooth or exposed root (elevation and/or forceps removal) (D7140) - limited to 1 service per calendar year.
Diabetes Self-Management Training	Referral is required.	Referral is <u>not</u> required.
Diabetic Monitors	<u>In-Network</u> - You pay a 20% coinsurance for continuous glucose monitors. Prior Authorization is required. - You pay a 0% coinsurance for blood glucose monitors. Prior Authorization is required.	<u>In-Network</u> You pay 0% coinsurance for diabetic monitors Preferred Brands - Abbott (FreeStyle Lite), Ascencia (Contour) and Continuous Glucose Monitors (CGMs) Freestyle Libre and Dexcom. Prior Authorization is <u>not</u> required.

	2026 (this year)	2027 (next year)
		You pay 20% coinsurance for diabetic monitors Non-Preferred Brands - All others such as LifeScan (OneTouch) and MiniMed CGM. Prior Authorization may be required.
Diabetic Supplies and Diabetic Therapeutic Shoes and Inserts	<u>In-Network</u> - You pay 20% coinsurance for: 50 diabetic test strips/sensors - Lancets Prior Authorization is required. - You pay 20% coinsurance for diabetic therapeutic shoes and inserts. Prior Authorization is required.	<u>In-Network</u> - You pay 0% coinsurance for diabetic supply Preferred Brands - Abbott (FreeStyle Lite), Ascencia (Contour) and Continuous Glucose Monitors (CGMs) Freestyle Libre and Dexcom. Prior Authorization is <u>not</u> required. - You pay 20% coinsurance for diabetic supply Non-Preferred Brands - All others such as LifeScan (OneTouch) and MiniMed CGM. Prior Authorization may be required. - You pay \$0 copay for diabetic therapeutic shoes and inserts. Prior Authorization is <u>not</u> required.
Diagnostic Procedures and Tests	<u>In-Network</u> Independent Diagnostic Testing Facility: \$10 Echocardiogram \$0 Diagnostic Colonoscopy \$0 Bone Density Scan	<u>In-Network</u> You pay a \$75 copay for diagnostic procedures and tests at an Independent Diagnostic Testing Facility

	2026 (this year)	2027 (next year)
	• \$25 Diagnostic Mammogram • \$0 Spirometry • \$0 EKG • \$0 Stress Test • \$10 all other diagnostic radiology • \$10 all other procedures & tests Outpatient Hospital: • \$50 Echocardiogram • \$0 Diagnostic Colonoscopy • \$0 Bone Density Scan • \$45 Diagnostic Mammogram • \$0 Spirometry • \$0 EKG • \$0 Stress Test • \$350 Sleep Study • \$50 all other diagnostic radiology • \$50 all other procedures & tests Physician's Office: • \$10 Echocardiogram • \$0 Diagnostic Colonoscopy • \$0 Bone Density Scan • \$25 Diagnostic Mammogram • \$0 Spirometry • \$0 EKG • \$0 Stress Test • \$50 Sleep Study • \$10 all other diagnostic radiology • \$10 all other procedures & tests	• You pay a \$100 copay for diagnostic procedures and tests at an Outpatient Hospital • You pay a \$0 copay for diagnostic procedures and tests at a Physician's Office
Emergency services	<u>In- and Out-of-Network</u>	<u>In- and Out-of-Network</u>

	2026 (this year)	2027 (next year)
	- You pay a \$130 copay for each Medicare-covered Emergency Room visit - This copay is waived if you're admitted to the hospital within 24 hours of receiving these services.	You pay a \$130 copay for each Medicare-covered Emergency Room visit This copay is waived if you're admitted to the hospital within 48 hours of receiving these services.
Health and wellness education programs	<u>In-Network</u> - POPULATION HEALTH MANAGEMENT PROGRAMS - FHCP Medicare offers Population Health Management programs that include health and nutritional education. For more information, visit https://www.fhcp.com/preventative-care/ or contact Member Services. - There is no cost to you for covered Population Health Management Programs.	Population Health Management Programs are <u>not</u> covered

	2026 (this year)	2027 (next year)
Health and wellness education programs	<u>In-Network</u> • PREFERRED FITNESS PROGRAM - Free access to participating fitness centers and gyms in FHCP Medicare's service area with no restrictions and no visit limits. • There is no cost to you for participating in our Preferred Fitness Program.	<u>In-Network</u> • SilverSneakers Tivity Health's SilverSneakers® Fitness Program is designed exclusively for Medicare beneficiaries. Eligible members receive a basic fitness membership with access to amenities and fitness classes including the signature SilverSneakers classes designed to improve muscular strength and endurance, mobility, flexibility, range of motion, balance, agility and coordination. For more information and to find a SilverSneakers participating location, visit silversneakers.com or call 1-888-423-4632 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET.

	2026 (this year)	2027 (next year)
		- As an alternative for members who can't get to a SilverSneakers participating location, SilverSneakers® Steps is available. SilverSneakers Steps is a self-directed physical activity program that allows members to measure, track and increase physical activity doing activities of their choice. Steps provides the equipment, tools and motivation necessary for members to achieve a healthier lifestyle through increased physical activity. Eligible plan members may register for SilverSneakers Steps at silversneakers.com/member. - There is no cost to you for participating in our SilverSneakers Fitness Program.
Health and wellness education programs	<u>In-Network</u> - NURSE ADVICE LINE – Staffed 24 hours a day 365 days a year by experienced, bilingual Registered Nurses who are available to assist you in making the right choices involving health issues by using evidence-based guidelines. - There is no cost to you for covered Nurse Advice Line Services.	NURSE ADVICE LINE is <u>not</u> covered

	2026 (this year)	2027 (next year)
Hearing Aids	<u>In-Network</u> • There is a \$300 per ear annual maximum plan benefit allowance. • Up to 2 hearing aids every year. Additional hearing services must be obtained through our contracted participating provider to be covered Subject to Benefit Maximum. Member is responsible for any amount after the benefit allowance has been applied.	<u>In-Network</u> • Up to 2 hearing aids every year. • Additional hearing services must be obtained through our contracted, participating provider to be covered. Technology Level: Copay Per Hearing Aid Device Entry \$350.00 per device Basic \$525.00 per device Prime \$825.00 per device Preferred \$1,125.00 per device Advanced \$1,425.00 per device Premium \$1,825.00 per device Subject to Benefit Maximum. Member is responsible for any amount after the benefit maximum has been applied.
Home Health Services	Referral is required.	Referral is <u>not</u> required.
Inpatient hospital care - Acute	Referral is required.	Referral is <u>not</u> required.
Inpatient services in a psychiatric hospital	Referral is required.	Referral is <u>not</u> required.
Intensive Cardiac Rehabilitation	Prior Authorization is required.	Prior Authorization is <u>not</u> required.
Intensive Outpatient Program Services	Referral is required.	Referral is <u>not</u> required.

	2026 (this year)	2027 (next year)
Medicare-Covered Dental Services (Non-Routine)	Referral is required.	Referral is <u>not</u> required.
Medicare-Covered Eye Exam (Non-Routine)	Referral is only required for an Ophthalmologist visit.	Referral is required.
Medicare-Covered Hearing Examination (Non-Routine)	<u>In-Network</u> You pay a \$45 copay Medicare-Covered Hearing Examination (Non-Routine)	<u>In-Network</u> You pay a \$40 copay Medicare-Covered Hearing Examination (Non-Routine)
Medicare Part B Prescription Drugs (Allergy Injection)	You pay 20% coinsurance	You pay 0% coinsurance for allergy injections (in office)
Medicare Part B injection of Avastin® (bevacizumab) for ophthalmic indications only	<u>In-Network</u> You pay 20% coinsurance	<u>In-Network</u> You pay a 0% coinsurance for each injection of Avastin® (bevacizumab) covered for eye injections
Occupational Therapy Rehabilitation	Prior Authorization is <u>not</u> required.	Prior Authorization is required.
Opioid treatment program services	Referral is required.	Referral is <u>not</u> required.
Outpatient hospital observation	Prior Authorization is required. Referral is required. <u>In-Network</u> You pay a \$350 copay per stay for Outpatient Hospital Observation	Prior Authorization is <u>not</u> required. Referral is <u>not</u> required. <u>In-Network</u> You pay a \$130 copay per stay for Outpatient Hospital Observation
Outpatient hospital services	Referral is required.	Referral is <u>not</u> required.

	2026 (this year)	2027 (next year)
Outpatient mental health care	Prior Authorization is <u>not</u> required. Referral is required.	Prior Authorization is required. Referral is <u>not</u> required.
Outpatient Substance Use Disorder Services	Prior Authorization is <u>not</u> required. Referral is required.	Prior Authorization is required. Referral is <u>not</u> required.
Outpatient X-rays	Prior Authorization is <u>not</u> required.	Prior Authorization is required.
Partial hospitalization	Referral is required.	Referral is <u>not</u> required.
Physician Specialist	Prior Authorization is required. <u>In-Network</u> - You pay \$40 copay for a physician specialist visit - You pay \$8 copay for physiatrist	Prior Authorization is <u>not</u> required. <u>In-Network</u> - You pay \$40 copay for a physician specialist visit - You pay \$40 copay for physiatrist
Psychiatric Services	Prior Authorization is <u>not</u> required. Referral is required.	Prior Authorization is required. Referral is <u>not</u> required.
Pulmonary rehabilitation services	Prior Authorization is required.	Prior Authorization is <u>not</u> required.
Skilled nursing facility (SNF) care	Referral is required. <u>In-Network</u> You pay a \$0 copay per day for days 1-20 You pay a \$218 copay per day for days 21 - 100	Referral is <u>not</u> required. <u>In-Network</u> You pay a \$0 copay per day for days 1-20 You pay a \$221 copay per day for days 21 - 100

	2026 (this year)	2027 (next year)
Telehealth Services	Prior Authorization is <u>not</u> required. Referral is <u>not</u> required. <u>In-Network</u> You pay the following for each benefit listed below: Urgently Needed Services: <u>not</u> covered Primary Care: \$0 with FHCP Staff Provider or \$10 with FHCP's vendor - Dr. On Demand Occupational Therapy: <u>not</u> covered Physical Therapy: <u>not</u> covered Speech Therapy: <u>not</u> covered Dermatology Services: <u>not</u> covered Mental Health Services Specialty - Individual Sessions: \$0 with FHCP Staff Provider OR \$30 with FHCP's vendor – Dr. On Demand	Prior Authorization is required. Referral is required. <u>In-Network</u> You pay the following for each benefit listed below: Urgently Needed Services: \$0 FHCP Extended Hours Care \$40 Other Urgent Care Centers Primary Care: \$0 copay Occupational Therapy: \$25 copay Physical Therapy: \$25 copay Speech Therapy: \$25 copay Dermatology Services: \$40 copay Mental Health Services Specialty - Individual Sessions: \$40 copay

	2026 (this year)	2027 (next year)
	Psychiatry Specialty Services - Individual Sessions: \$0 with FHCP Staff Provider OR \$30 with FHCP's vendor – Dr. On Demand Opioid Treatment: \$0 with FHCP Staff Provider Substance Use Disorder Services - Individual Sessions: \$0 with FHCP Staff Provider Diabetes Self-Management Training: \$0 with FHCP Medicare's Clinical staff by appointment only Dietician Services: \$0 with FHCP Medicare's Clinical staff by appointment only	Psychiatry Specialty Services - Individual Sessions: \$40 copay Opioid Treatment: \$40 copay Substance Use Disorder Services - Individual Sessions: \$40 copay Diabetes Self-Management Training: \$0 copay Dietician Services: \$0 copay
Urgently needed services	<u>In- and Out-of-Network</u> - You pay a \$40 copay for Medicare-covered urgently needed visits when services are provided at an Urgent Care Center - You pay a \$0 copay for Medicare-covered urgently needed visits when services are provided at an FHCP Medicare's Extended Hours Care Center.	<u>In- and Out-of-Network</u> You pay a \$40 copay for each urgent care visit to a Convenient Care Center and/or Urgent Care Center You pay a \$0 copay for urgently needed visits when services are provided at an FHCP Medicare's Extended Hours Care Center.

	2026 (this year)	2027 (next year)
	Convenient Care Center is <u>not</u> covered	
Vision care (additional benefit)	<u>In-Network</u> - You pay a \$15 copay for routine vision exams (1 every year) - FHCP Medicare will pay up to \$90 every two years toward the purchase of eyeglasses (frames and lenses) from a participating Optometrist - FHCP Contracted Optometrist	<u>In-Network</u> You pay a \$15 copay for routine vision exams (1 every year) \$200 maximum allowance per year towards the purchase of lenses, frames or contact lenses Florida Blue Vendor - Premier Eye Care Member responsible for costs exceeding the Benefit Maximum
Worldwide Emergency/Urgent Coverage	<u>In- and Out-of-Network</u> - You pay a \$40 copay for plan-covered urgently needed services received outside the US or its territories - You pay a \$175 copay for plan-covered emergency transportation services, received outside the US or its territories	<u>In- and Out-of-Network</u> You pay a \$130 copay for plan-covered urgently needed services received outside the US or its territories Emergency transportation services, received outside the US or its territories are <u>not</u> covered

OPTIONAL POINT OF SERVICE (OUT-OF-NETWORK MEDICAL BENEFITS)

Inpatient Hospital Care	For each Medicare-covered stay, you pay: - Days 1-6: \$350 copay per day - After the 6th day, the plan pays 100% of covered expenses	Inpatient Hospital Care is <u>not</u> covered
Inpatient Services in a Psychiatric Hospital	For each Medicare-covered stay, you pay: Days 1-6: \$350 copay per day	Inpatient Services in a Psychiatric Hospital are <u>not</u> covered

	2026 (this year)	2027 (next year)
	Days 7-90: \$0 copay per day	
Skilled nursing facility	For each Medicare-covered stay, you pay: - Days 1-20: \$0 copay per day (per benefit period) - Days 21-100: \$218 copay per day (per benefit period)	Skilled nursing facility is <u>not</u> covered
Group 1 Medicare-covered service categories include: - Home Health Services - Outpatient Diagnostic Tests and Therapeutic Services and Supplies - Outpatient Hospital Services, including Surgery and Observation Services ♦ - Ambulatory Surgical Center ♦ - Durable Medical Equipment - Prosthetics/Medical Supplies - Diabetic Supplies/Services - Medicare Part B Drugs ♦ - Preventive Services	You pay a 20% coinsurance	Group 1 is <u>not</u> covered
Group 2 Medicare-covered service categories include: Primary Care or Specialty physicians	You pay a \$50 copay	Group 2 is <u>not</u> covered

	2026 (this year)	2027 (next year)
	• Outpatient Rehab (Cardiac, Intensive Cardiac, Pulmonary, Occupational, Physical & Speech-Language Pathology Therapy and Supervised Exercise Therapy) • Podiatry • Chiropractic • Outpatient Mental Health & Psychiatric Services • Outpatient Substance Use Disorder & Opioid Treatment Services • Comprehensive Dental	

Section 1.6 – Changes to Part D Drug Coverage

Changes to Our Drug List

Our list of covered drugs is called a formulary or Drug List. A copy of our Drug List is provided electronically and posted online at www.floridablue.com/medicare/forms/formulary.

We made changes to our Drug List, which could include removing or adding drugs, changing the restrictions that apply to our coverage for certain drugs, or moving them to a different cost-sharing tier.

Review the Drug List to make sure your drugs will be covered next year and to see if there will be any restrictions, or if your drug has been moved to a different cost-sharing tier.

Most of the changes in the Drug List are new for the beginning of each year. However, we might make other changes that are allowed by Medicare rules that will affect you during the calendar year. We update our online Drug List at least monthly to provide the most up-to-date list of drugs. If we make a change that will affect your access to a drug you’re taking, we’ll send you a notice about the change.

If you’re affected by a change in drug coverage at the beginning of the year or during the year, review Chapter 9 of your *Evidence of Coverage* and talk to your prescriber to find out your options, such as asking for a temporary supply, applying for an exception, and/or working to find a new drug. Call Member Services at 1-800-926-6565 (TTY users call 711) for more information.

Section 1.7 – Changes to Prescription Drug Benefits & Costs

Do you get Extra Help to pay for your drug coverage costs?

If you're in a program that helps pay for your drugs (Extra Help), **the information about costs for Part D drugs does not apply to you.** We sent you a separate material, called the *Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs*, which tells you about your drug costs. If you get Extra Help and you don't get this material by September 30, 2026, call Member Services at 1-800-926-6565 (TTY users call 711) and ask for the *LIS Rider*.

Drug Payment Stages

There are **3 drug payment stages**: the Yearly Deductible Stage, the Initial Coverage Stage, and the Catastrophic Coverage Stage.

- **Stage 1: Yearly Deductible**

You start in this payment stage each calendar year. During this stage, you pay the full cost of your Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) drugs until you've reached the yearly deductible.

- **Stage 2: Initial Coverage**

Once you pay the yearly deductible, you move to the Initial Coverage Stage. In this stage, our plan pays its share of the cost of your drugs, and you pay your share of the cost. You generally stay in this stage until your year-to-date total drug costs reach \$2,400.

- **Stage 3: Catastrophic Coverage**

This is the third and final drug payment stage. In this stage, you pay nothing for your covered Part D drugs. You generally stay in this stage for the rest of the calendar year.

Drug Costs in Stage 1: Yearly Deductible

The table shows your cost per prescription during this stage.

	2026 (this year)	2027 (next year)
Yearly Deductible	The deductible is \$615 During this stage, you pay: <i>Standard cost-sharing:</i> \$17 per one-month supply <i>Preferred cost-sharing:</i> \$0 per one-month supply for drugs on Tier 1 (Preferred Generic) <i>Standard cost-sharing:</i> \$20 per one-month supply <i>Preferred cost-sharing:</i> \$0 per one-month supply for drugs on Tier 2 (Generic) <i>Standard cost-sharing:</i> \$47 per one-month supply <i>Preferred cost-sharing:</i> \$42 per one-month supply for drugs on Tier 3 (Preferred Brand) <i>Standard cost-sharing:</i> \$0 per one-month supply <i>Preferred cost-sharing:</i> \$0 per one-month supply for drugs on Tier 6 (Vaccines) And the full cost of drugs on Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) until you've reached the yearly deductible.	The deductible is \$700 During this stage, you pay: <i>Standard cost-sharing:</i> \$0 per one-month supply for drugs on Tier 1 (Preferred Generic) <i>Standard cost-sharing:</i> \$0 per one-month supply for drugs on Tier 2 (Generic) <i>Standard cost-sharing:</i> \$42 per one-month supply for drugs on Tier 3 (Preferred Brand) <i>Standard cost-sharing:</i> \$0 per one-month supply for drugs on Tier 6 (Select Care Drugs) And the full cost of drugs on Tier 4 (Non-Preferred Drug) and Tier 5 (Specialty Tier) until you've reached the yearly deductible.

Drug Costs in Stage 2: Initial Coverage

We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List. Most adult Part D vaccines are covered at no cost to you. For more information about the costs of vaccines, or information about the costs for a long-term supply; or for mail-order prescriptions, go to Chapter 6 of your *Evidence of Coverage*.

Once you've paid \$2,400 out of pocket for covered Part D drugs, you'll move to the next stage (the Catastrophic Coverage Stage).

	2026 (this year)	2027 (next year)
<i>Tier 1-Preferred Generic:</i> We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost-sharing:</i> \$17 per prescription <i>Preferred cost-sharing:</i> \$0 per prescription A one-month mail- order prescription is <u>not</u> offered.	<i>Standard cost-sharing:</i> \$0 per prescription Your cost for a one-month mail- order prescription is \$0 per prescription
<i>Tier 2-Generic:</i> We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost-sharing:</i> \$20 per prescription <i>Preferred cost-sharing:</i> \$0 per prescription A one-month mail- order prescription is <u>not</u> offered.	<i>Standard cost-sharing:</i> \$0 per prescription Your cost for a one-month mail- order prescription is \$0 per prescription
<i>Tier 3-Preferred Brand:</i> We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	<i>Standard cost-sharing:</i> \$47 per prescription You pay \$35 per month supply of each covered insulin product on this tier. <i>Preferred cost-sharing:</i> \$42 per prescription You pay \$35 per month supply of each covered insulin product on this tier.	<i>Standard cost-sharing:</i> \$42 per prescription You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail- order prescription is \$42 per prescription

	2026 (this year)	2027 (next year)
	A one-month mail- order prescription is <u>not</u> offered.	
Tier 4-Non-Preferred Drug: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Standard cost-sharing: 25% of the total cost You pay \$35 per month supply of each covered insulin product on this tier. Preferred cost-sharing: 25% per prescription You pay \$35 per month supply of each covered insulin product on this tier. A one-month mail- order prescription is <u>not</u> offered.	Standard cost-sharing: 27% of the total cost You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail- order prescription is 27% of the total cost
Tier 5-Specialty Tier: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Standard cost-sharing: 25% of the total cost You pay \$35 per month supply of each covered insulin product on this tier. Preferred cost-sharing: 25% per prescription You pay \$35 per month supply of each covered insulin product on this tier. A one-month mail- order prescription is <u>not</u> offered.	Standard cost-sharing: 25% of the total cost You pay \$35 per month supply of each covered insulin product on this tier. Your cost for a one-month mail- order prescription is 25% of the total cost
Tier 6 -Select Care: We changed the tier for some of the drugs on our Drug List. To see if your drugs will be in a different tier, look them up on the Drug List.	Standard cost-sharing: \$0 per prescription Preferred cost-sharing: \$0 per prescription	Standard cost-sharing: \$0 per prescription Your cost for a one-month mail- order prescription is \$0 per prescription

	2026 (this year)	2027 (next year)
	A one-month mail-order prescription is <u>not</u> offered.	

SECTION 2 Administrative Changes

	2026 (this year)	2027 (next year)
Appeals for Medical Care	Call FHCP Member Services at 1-833-866-6559. (TTY users call 1-800-955-8770). Fax: 1-386-676-7149 Write: FHCP Medicare Attn: Member Services PO Box 9910 Daytona Beach, FL 32120 Email: memberservices@fhcp.com Website: www.fhcpmedicare.com	Call Florida Blue Member Services at 1-800-926-6565. (TTY users call 711). Fax: 1-305-437-7490 (fast expedited) appeals only Write: Florida Blue Medicare Attn: Medicare Appeals and Grievances Department P.O. Box 41629 Jacksonville, FL 32203-1629 Website: Log-in to your www.floridablue.com/medicare account by clicking on the black "Log in" box at the top right of the screen.
Appeals for Part D Drugs	Call FHCP Member Services at 1-833-866-6559. (TTY users call 1-800-955-8770). Fax: 1-386-676-7149 Write: FHCP Medicare Attn: Member Services	Call Florida Blue Member Services at 1-800-926-6565. (TTY users call 711). Fax: 1-800-693-6703 Write: Prime Therapeutics, LLC

	2026 (this year)	2027 (next year)
	PO Box 9910 Daytona Beach, FL 32120 Email: memberservices@fhcp.com Website: www.fhcpmedicare.com	Attention: Medicare D Clinical Review 2900 Ames Crossing Road Eagan, MN 55121 Website: www.MyPrime.com
Complaints about Medical Care	Call FHCP Member Services at 1-833-866-6559. (TTY users call 1-800-955-8770). Fax: 1-386-676-7149 Write: FHCP Medicare Attn: Member Services PO Box 9910 Daytona Beach, FL 32120 Email: memberservices@fhcp.com	Call Florida Blue Member Services at 1-800-926-6565. (TTY users call 711). Fax: 1-305-437-7490 (fast expedited) appeals only Write: Florida Blue Medicare Attn: Medicare Appeals and Grievances Department P.O. Box 41629 Jacksonville, FL 32203-1629
Complaints about Part D Drugs	Call FHCP Member Services at 1-833-866-6559. (TTY users call 1-800-955-8770). Fax: 1-386-676-7149 Write: FHCP Medicare Attn: Member Services PO Box 9910 Daytona Beach, FL 32120 Email: memberservices@fhcp.com	Call Florida Blue Member Services at 1-800-926-6565. (TTY users call 711). Fax: 1-888-285-2242 Write: Florida Blue Medicare Attn: Medicare Grievances Department P.O. Box 64813 St. Paul, MN 55164

	2026 (this year)	2027 (next year)
Contact Information	Call: FHCP Member Services at 1-833-866-6559. (TTY users call 1-800-955-8770). Fax: 1-386-676-7149 Write: FHCP Medicare Attn: Member Services PO Box 9910 Daytona Beach, FL 32120 Email: memberservices@fhcp.com Website: www.fhcpmedicare.com	Call: Florida Blue Member Services at 1-800-926-6565. (TTY users call 711). Fax: 1-305-716-9333 Write: Florida Blue Medicare Member Services P.O. Box 45296 Jacksonville, FL 32232-5296 Website: www.floridablue.com/medicare
Coverage Decisions for Medical Care	Call FHCP Member Services at 1-833-866-6559. (TTY users call 1-800-955-8770). Fax: 1-386-676-7149 Write: FHCP Medicare Attn: Member Services PO Box 9910 Daytona Beach, FL 32120 Email: memberservices@fhcp.com Website: www.fhcpmedicare.com	Call Florida Blue Member Services at 1-800-926-6565. (TTY users call 711). Fax: 1-904-301-1614 Write: Florida Blue Medicare Utilization Management Department 4800 Deerwood Campus Parkway Building 900, 5th Floor Jacksonville, FL 32246

	2026 (this year)	2027 (next year)
Health and wellness education programs	Preferred Fitness Program For more information and to find a Preferred Fitness participating location, visit fhcpmedicare.com/medicare/fhcp-medicare-preferred-fitness/ or call 1-833-866-6559 (TTY users call 1-800-955-8770). From October 1 through March 31, we are open 8 a.m. – 8 p.m. local time, seven days a week, except for Thanksgiving and Christmas. From April 1 through September 30, we are open 8 a.m. – 8 p.m. local time, Monday – Friday, except for major holidays.	SilverSneakers For more information and to find a SilverSneakers participating location, visit silversneakers.com or call 1-888-423-4632 (TTY: 711), Monday through Friday, 8 a.m. to 8 p.m. ET.
HealthyBlue Rewards	HealthyBlue Rewards are <u>not</u> covered	• Your BlueMedicare plan rewards you for taking care of your health. • Reward dollars will be loaded to your Blue Dollars Benefits MasterCard® Prepaid Card for completing and/or reporting certain preventive care and screenings. • Rewards are available after opting in to the program. • Annual (accumulated dollars expire 12/31).
How to ask Florida Blue Medicare to reimburse you or pay a bill you have received	Mail your request for payment together with any bills or paid receipts to us at these addresses:	Mail your request for payment together with any bills or paid receipts to us at these addresses:

	2026 (this year)	2027 (next year)
	<u>Part C Requests for Payment (medical services):</u> FHCP Medicare Attn: Claims Department P.O. Box 10348 Daytona Beach, FL 32120-0348 You must submit your claim to us within 12 months of the date you received the service, item, or drug. <u>Part D Requests for Payment (prescription drugs):</u> Optum Rx Claims Department PO Box 650287 Dallas, TX 75265-0287 You must submit your claim to us within 36 months of the date you received the service, item, or drug.	<u>For requests related to medical care:</u> Florida Blue Medicare P. O. Box 1798 Jacksonville, Florida 32231-0014 You must submit your claim to us within 12 months of the date you received the service, item, or drug. <u>For requests related to Part D prescription drugs:</u> Prime Therapeutics (Med-D) P.O. Box 20970 Lehigh Valley, PA 18002-0970 You must submit your claim to us within 36 months of the date you received the service, item, or drug.
Medicare Prescription Payment Plan	Optum Rx, an FHCP Medicare contracted vendor administers the Medicare Prescription Payment Plan. Below is the contact information for Optum Rx. Call: 1-844-368-8729 Calls to this number are free, Hours are 5:00 a.m. – 10:00 p.m. CST, 7 days a week. TTY: 1-800-955-8770	Prime Therapeutics, a Florida Blue Medicare contracted vendor, will administer the Medicare Prescription Payment Plan for 2027. Below is the contact information for Prime Therapeutics. Call: 1-800-926-6565 Calls to this number are free. 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

	2026 (this year)	2027 (next year)
	Calls to this number are free. Hours are 5:00 a.m. – 10:00 p.m. CST, 7 days a week. Write: Optum Rx Attn: M3P Election Processes PO Box 650287 Dallas, TX 75265-0287 Website: https://www.fhcpmedicare.com/member-portal/	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. Member Services at 1-800-926-6565 (TTY users call 711) also has free language interpreter services for non-English speakers. Write: Florida Blue Medicare Member Services P.O. Box 45296 Jacksonville, FL 32232-5296 Website: www.floridablue.com/medicare/member
Member Portal	Log into your FHCP Member Portal account https://www.fhcpmedicare.com/member-portal/	Log into your Florida Blue Member Portal account https://www.floridablue.com/medicare/member
More Information about your monthly plan premium	How to pay your plan premium. There are six ways you can pay the plan premium. Option 1: Pay by check If you choose this option, you'll be billed (invoiced) for your plan premium each month. Your monthly plan premium payment is due on the first day of each	How to pay your plan premium. There are six ways you can pay the plan premium. Option 1: Pay by check If you choose this option, you'll be billed (invoiced) for your plan premium each month. Your monthly plan

	2026 (this year)	2027 (next year)
	month. You may mail your monthly plan premium payments by check to the following address: FHCP Medicare, PO Box 660289, Dallas, TX 75266-0289. You may mail overnight payments to: FHCP Medicare, Attn: CCR, Bldg. 100, 3rd Floor, 4800 Deerwood Campus Pkwy, Jacksonville, FL 32246-6498. Be sure to make checks payable to FHCP Medicare, not to the Centers for Medicare & Medicaid Services (CMS), the federal agency in charge of Medicare, nor to CMS' parent agency, the Department of Health and Human Services (HHS).	premium payment is due on the first day of each month. You may mail your monthly plan premium payments by check to the following address: Florida Blue Medicare, PO Box 660289, Dallas, TX 75266-0289. You may mail overnight payments to Florida Blue Medicare, Attn: CCR, Bldg. 100, 3rd Floor, 4800 Deerwood Campus Pkwy, Jacksonville, FL 32246-6498. You may also make check payments in person at any of our Florida Blue centers. Please visit www.floridablue.com/center to find the center closest to you. Be sure to make checks payable to Florida Blue, not to the Centers for Medicare & Medicaid Services (CMS), the federal agency in charge of Medicare, nor to CMS' parent agency, the Department of Health and Human Services (HHS).
	Option 2: Have your plan premium deducted from your monthly Social Security check. You can have the plan premium taken out of your monthly Social Security check. Contact FHCP Medicare's Enrollment Department for more information on how to pay your	Option 2: Have your plan premiums deducted from your monthly Social Security check. You can have the plan premium taken out of your monthly Social Security check. Contact Member Services for more information on how to

	2026 (this year)	2027 (next year)
	plan premium this way. We will be happy to help you set this up. The Enrollment Department can be reached at 1-386-676-7160 or 1-800-352-9824, Ext. 7160 (TTY users call 1-800-955-8770). Hours are Monday through Friday, 8:00 a.m. to 5:00 p.m., local time, except for major holidays.	pay your plan premium this way. We'll be happy to help you set this up. (Phone numbers for Member Services are printed on the back cover of this booklet.)
	Option 3: Have your plan premium deducted from your monthly Railroad Retirement Board check You can have the plan premium taken out of your monthly Railroad Retirement Board (RRB) check. Contact FHCP Medicare's Enrollment Department for more information on how to pay your plan premium this way. We will be happy to help you set this up. The Enrollment Department can be reached at 1-386-676-7160 or 1-800-352-9824, Ext. 7160 (TTY users call 1-800-955-8770). Hours are Monday through Friday, 8:00 a.m. to 5:00 p.m., local time, except for major holidays.	Option 3: Have your plan premium deducted from your monthly Railroad Retirement Board check You can have the plan premium taken out of your monthly Railroad Retirement Board (RRB) check. Contact Member Services for more information on how to pay your plan premium this way. We'll be happy to help you set this up. (Phone numbers for Member Services are printed on the back cover of this booklet.)
	Option 4: Automatic Payment Option (APO)	Option 4: Automatic Payment Option (APO) You can have your plan premium automatically

2026 (this year)	2027 (next year)
You can have your plan premium automatically withdrawn from your checking or savings account; or charged to your credit/debit card. Your payments will be withdrawn monthly. Deductions are made on the third day of the month. To enroll in the Automatic Payment Option (APO): - Go to www.fhcpmedicare.com and select the Member Portal link in the tool bar at the top of the page. - Once in the member portal, click on the "Pay my bill" link in either the My Quick Links or My Resources sections at the top of the page. If you have any questions, please call FHCP Medicare's Finance Department at 1-386-615-4066 or 1-800-352-9824, Ext. 4066 (TTY users call 1-800-955-8770). Hours are Monday through Friday, 8:00 a.m. to 4:30 p.m., local time, except for major holidays.	withdrawn from your checking or savings account; or credit/debit card. Your payments will be withdrawn monthly. Deductions are made on the third day of the month. You can enroll in the Automatic Payment Option (APO) in one of three ways: 1. Visit www.floridablue.com/medicare/member and click on the "Log In" button to access your online member account. Once you log in, select "My Plan", then "Pay my Bill". 2. Call Member Services (phone numbers are printed on the back cover of this booklet). 3. Mail us a completed authorization form. Visit www.floridablue.com/medicare/forms, click on "Medicare Advantage Plans (Part C)" then scroll down to the Automatic Payment Option (APO). Withholding from a checking/savings account

2026 (this year)	2027 (next year)
Option 5: You can pay online You can also pay your monthly plan premium on our plan website. To make a payment online: Go to www.fhcpmedicare.com and select the Member Portal link in the tool bar at the top of the page. Once in the member portal, click on the "Pay my bill" link in either the My Quick Links or My Resources sections at the top of the page.	will require a voided check attached to the form. If you have questions about the APO or would like an authorization form, please call Member Services (phone numbers are printed on the back cover of this booklet) or visit our plan website at www.floridablue.com/medicare/forms. Please allow up to four weeks for your enrollment to become effective. You may revoke the APO by notifying us and your financial institution 15 days prior to your plan premium payment due date. Option 5: Pay online You can also pay your monthly plan premium on our plan website. 1. Visit www.floridablue.com/medicare/member and click on the "Log In" button to access your online member account. 2. Click Login 3. Click Pay Your Bill 4. Click Pay Now

	2026 (this year)	2027 (next year)
	If you have any questions, please call FHCP Medicare's Finance Department at 1-386-615-4066 or 1-800-352-9824, Ext. 4066 (TTY users call 1-800-955-8770). Hours are Monday through Friday, 8:00 a.m. to 4:30 p.m., local time, except for major holidays	Online payments are made using a PIN-less debit card that is part of the PULSE, STAR or NYCE networks. Payments made with these debit cards are not considered credit card payments. These payments are due on the first day of each month. For more information about paying your plan premium online, please call Member Services (phone numbers are printed on the back cover of this booklet) or visit www.floridablue.com/medicare/member and click on the "Log In" button to access your online member account.
	Option 6: You can pay by telephone You can pay the bill for your monthly plan premium by telephone by calling FHCP Medicare's Finance Department at 1-386-615-4066 or 1-800-352-9824, Ext. 4066 (TTY users call 1-800-955-8770). Hours are Monday through Friday, 8:00 a.m. to 4:30 p.m., local time, except for major holidays. You can pay using your checking or savings account number, along with your financial institution's nine-digit routing number, or debit or credit card.	Option 6: Pay by telephone You can pay the bill for your monthly plan premium by telephone using either your checking or savings account number, along with your financial institution's nine-digit routing number. Like payments by check, these payments are due on the first day of each month. For more information about paying your plan premium by phone, please call Member Services (phone numbers are printed on the back cover of this booklet).

	2026 (this year)	2027 (next year)
Rx Mail-Order Service	Our plan's mail-order service requires you to order <i>at least</i> a 62-day supply of the drug and <i>no more than</i> a 93-day supply. To get information about filling your prescriptions by mail call FHCP's Mail Order Pharmacy at 1-386-676-7126 or 1-800-232-0216 (TTY users call 1-800-955-8770). Hours are Monday through Friday, 8:30 a.m. to 5:30 p.m., local time. If you use a mail-order pharmacy not in the plan's network, your prescription will not be covered. Usually, a mail-order pharmacy order will be delivered to you in	Our plan's mail-order services require you to order <i>at least</i> a 31-day supply of the drug and <i>no more than</i> a 90-day supply for Tiers 3 and 4 and up to a 100-day supply for Tiers 1, 2 and 6. To get order forms and information about filling your prescriptions by mail: please call one of our mail-order services pharmacies. • Walgreens Mail Service Pharmacy, 24 hours a day, 7 days a week, at 1-888-849-7845, or at their website, www.WalgreensMailService.com • Express Scripts Pharmacy, 24 hours a day, 7 days a week, at 1-877-277-7914, or at their website, www.express-scripts.com • Amazon Home Delivery, call customer care 24 hours a day, 7 days a week. You can also speak to a pharmacist 24 hours a day, 7 days a week, at 1-855-745-5725, or at their website pharmacy.amazon.com. If you use a mail-order pharmacy not in the plan's

	2026 (this year)	2027 (next year)
	no more than 7 business days. Prescriptions for controlled substances may take longer because our mail-order pharmacy has to take additional steps to review the prescription. This may include contacting your doctor prior to filling. Refills on mail-order prescriptions. For refills, contact your pharmacy 14 days before your current prescription will run out to make sure your next order is shipped to you in time.	network, your prescription will not be covered. Usually, a mail-order pharmacy order will be delivered to you in no more than 14 days. Prescriptions for controlled substances may take longer because our mail-order pharmacy has to take additional steps to review the prescription. This may include contacting your doctor prior to filling. Refills on mail-order prescriptions. For refills, contact your pharmacy 15 days before your current prescription will run out to make sure your next order is shipped to you in time.

SECTION 3 How to Change Plans

To stay in FHCP Medicare Rx Plus (HMO), you don’t need to do anything. Unless you sign up for a different type of Medicare health plan or change to Original Medicare by December 7, you’ll automatically be enrolled in our FHCP Medicare Rx Plus (HMO).

If you want to change plans for 2027, follow these steps:

- **To change to a different Medicare health plan,** enroll in the new plan. You’ll be automatically disenrolled from FHCP Medicare Rx Plus (HMO). Remember, not all Medicare health plans cover prescription drugs. Also, be aware that for many plans, you can’t join a Medicare health plan and simultaneously purchase a prescription drug plan.
- **To change to Original Medicare with Medicare separate drug coverage,** you can enroll in a Part D plan, and you’ll automatically be disenrolled from FHCP Medicare Rx Plus (HMO).

- **To change to Original Medicare without a drug plan**, you can send us a written request to disenroll. Call Member Services at 1-800-926-6565 (TTY users call 711) for more information on how to do this. Or call **Medicare** at 1-800-MEDICARE (1-800-633-4227) and ask to be disenrolled. TTY users can call 1-877-486-2048. If you don't enroll in a Medicare drug plan, you may pay a Part D late enrollment penalty (go to Section 1.1).
- **To learn more about Original Medicare and the different types of Medicare plans**, visit [Medicare.gov](https://www.medicare.gov), check the *Medicare & You 2027* handbook, call your State Health Insurance Assistance Program (go to Section 5), or call 1-800-MEDICARE (1-800-633-4227). As a reminder, Florida Blue Medicare offers other Medicare health plans and Medicare drug plans. These other plans can have different coverage, monthly premiums, and cost-sharing amounts.

Section 3.1 – Deadlines for Changing Plans

People with Medicare can make changes to their coverage from **October 15 - December 7** each year.

If you enrolled in a Medicare Advantage plan for January 1, 2027, and don't like your plan choice, you can switch to another Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) between January 1 - March 31, 2027.

Section 3.2 – Are there other times of the year to make a change?

In certain situations, people may have other chances to change their coverage during the year. Examples include people who:

- Have Medicaid
- Get Extra Help paying for their drugs
- Have or are leaving employer coverage
- Move out of our plan's service area

If you recently moved into, or currently live in, an institution (like a skilled nursing facility or long-term care hospital), you can change your Medicare coverage **at any time**. You can change to any other Medicare health plan (with or without Medicare drug coverage) or switch to Original Medicare (with or without separate Medicare drug coverage) at any time. If you recently moved out of an institution, you have an opportunity to switch plans or switch to Original Medicare for 2 full months after the month you move out.

SECTION 4 Get Help Paying for Prescription Drugs

You may qualify for help paying for prescription drugs. Different kinds of help are available:

- **Extra Help from Medicare.** People with limited incomes may qualify for Extra Help to pay for their prescription drug costs. If you qualify, Medicare could pay up to 75% or more of your drug costs including monthly drug plan premiums, yearly deductibles, and coinsurance. Also, people who qualify won't have a late enrollment penalty. To see if you qualify, call:
 - 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048, 24 hours a day, 7 days a week.
 - Social Security at 1-800-772-1213 between 8 a.m. and 7 p.m., Monday - Friday for a representative. Automated messages are available 24 hours a day. TTY users can call 1-800-325-0778.
 - Your State Medicaid Office.
- **Prescription Cost-sharing Assistance for Persons with HIV/AIDS.** The AIDS Drug Assistance Program (ADAP) helps ensure that ADAP-eligible people living with HIV/AIDS have access to life-saving HIV medications. To be eligible for the ADAP operating in your state, you must meet certain criteria, including proof of state residence and HIV status, low income as defined by the state, and uninsured/under-insured status. Medicare Part D drugs that are also covered by ADAP qualify for prescription cost-sharing help through the Florida AIDS Drug Assistance Program. For information on eligibility criteria, covered drugs, how to enroll in the program, or, if you're currently enrolled, how to continue getting help, call Florida's ADAP directly at 1-800-352-2437 (TTY: 1-888-503-7118), or mail them at: HIV/AIDS Section, 4052 Bald Cypress Way, Tallahassee, FL 32399. Be sure, when calling, to inform them of your Medicare Part D plan name or policy number.
- **The Medicare Prescription Payment Plan.** The Medicare Prescription Payment Plan is a payment option that works with your current drug coverage to help you manage your out-of-pocket costs for drugs covered by our plan by spreading them across the calendar year (January – December). Anyone with a Medicare drug plan or Medicare health plan with drug coverage (like a Medicare Advantage plan with drug coverage) can use this payment option. If you're participating in the Medicare Prescription Payment Plan and stay in the same Part D plan, your participation will be automatically renewed for 2027 you do not need to submit a new election request to continue participating in 2027. **This payment option might help you manage your expenses, but it doesn't save you money or lower your drug costs.**

Extra Help from Medicare and help from your SPAP and ADAP, for those who qualify, is more advantageous than participation in the Medicare Prescription Payment Plan. To learn more about this payment option, call us at 1-800-926-6565 (TTY users call 711) or visit [Medicare.gov](https://www.medicare.gov).

SECTION 5 Questions?

Get Help from FHCP Medicare Rx Plus (HMO)

- **Call Member Services at 1-800-926-6565. (TTY users call 711.)**

We're available for phone calls 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. Calls to these numbers are free.

- **Read your 2027 *Evidence of Coverage***

This *Annual Notice of Change* gives you a summary of changes in your benefits and costs for 2027. For details, go to the 2027 *Evidence of Coverage* for FHCP Medicare Rx Plus (HMO). The *Evidence of Coverage* is the legal, detailed description of our plan benefits. It explains your rights and the rules you need to follow to get covered services and prescription drugs. Get the *Evidence of Coverage* on our website at www.floridablue.com/medicare/forms or call Member Services at 1-800-926-6565 (TTY users call 711) to ask us to mail you a copy.

- **Visit www.floridablue.com/medicare**

Our website has the most up-to-date information about our provider network (*Provider Directory/Pharmacy Directory*) and our *List of Covered Drugs* (formulary/Drug List).

Get Free Counseling about Medicare

The State Health Insurance Assistance Program (SHIP) is an independent government program with trained counselors in every state. In Florida, the SHIP is called SHINE (Serving Health Insurance Needs of Elders).

Call SHINE to get free personalized health insurance counseling. They can help you understand your Medicare plan choices and answer questions about switching plans. Call SHINE at 1-800-963-5337. Learn more about SHINE by visiting (www.FLORIDASHINE.org).

Get Help from Medicare

- **Call 1-800-MEDICARE (1-800-633-4227)**

You can call 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users can call 1-877-486-2048.

- **Chat live with** [Medicare.gov](https://www.medicare.gov)

You can chat live at [Medicare.gov/talk-to-someone](https://www.medicare.gov/talk-to-someone).

- **Write to Medicare**

You can write to Medicare at PO Box 1270, Lawrence, KS 66044

- **Visit** [Medicare.gov](https://www.medicare.gov)

The official Medicare website has information about cost, coverage, and quality Star Ratings to help you compare Medicare health plans in your area.

- **Read *Medicare & You 2027***

The *Medicare & You 2027* handbook is mailed to people with Medicare every fall. It has a summary of Medicare benefits, rights and protections, and answers to the most frequently asked questions about Medicare. Get a copy at [Medicare.gov](https://www.medicare.gov) or by calling 1-800-MEDICARE (1-800-633-4227). TTY users can call 1-877-486-2048.

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

We provide:

- Free auxiliary aids, reasonable modifications, and services to people with disabilities to communicate effectively with us, such as:
 - Qualified sign language interpreters
 - Written information in other formats (e.g., large print, audio, and accessible electronic formats)
- Free language assistance 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 (FEP): 1-800-333-2227
- Postal Employee Program (PEP): 1-844-960-2583
- Medicare: 1-800-926-6565
- TTY 711

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

Health and vision coverage (including FEP and PEP members):	Dental, life, and disability coverage:
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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@bcbsfl.com

Civil Rights Coordinator
17500 Chenal Parkway
Little Rock, AR 72223
1-800-260-0331
1-800-955-8770 (TTY)
civilrightscordinator@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 or Civil Rights Coordinator is available to help you. You can also file a civil rights complaint with the U.S. Department of Health and Human Services, Office for Civil Rights, electronically

through the Office for Civil Rights Complaint Portal, available at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>, or by mail or phone at:

U.S. Department of Health and Human Services

200 Independence Avenue, SW

Room 509F, HHH Building

Washington, D.C. 20201

1-800-368-1019

1-800-537-7697 (TDD)

Complaint forms are available at www.hhs.gov/ocr/office/file/index.html

Visit www.floridablue.com/disclaimer/ndnotice to view an electronic version of this notice.
87768 0825R

Se encuentran a su disposición los servicios gratuitos de idiomas, de ayuda auxiliar y de formato alternativo. Llame al número 1-800-352-2583, a FEP al 1-800-333-2227, a Medicare al 1-800-926-6565, (TTY 711).

Có sẵn dịch vụ hỗ trợ ngôn ngữ miễn phí, thiết bị hỗ trợ và các định dạng thay thế. Vui lòng gọi 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711).

Gen èd oksilyè pou ede w nan lòt lang ak sèvis nan lòt fòm ki disponib gratis. Rele nan 1-800-352-2583, FEP 1-800-333-2227, oswa rele Medicare nan 1-800-926-6565 (TTY 711).

Estão disponíveis, gratuitamente, serviços de tradução, assistência e formatos alternativos. Ligue para 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (TTY 711).

免费语言服务、辅助援助及替代格式服务均已开放。欢迎致电以下号码 普通咨询1-800-352-2583 联邦雇员计划(FEP)1-800-333-2227 医疗保险 (Medicare)1-800-926-6565 听障专线 (TTY)711.

Des services linguistiques, d'aide auxiliaire et de supports alternatifs vous sont proposés gratuitement. Appelez le 1-800-352-2583, le FEP au 1-800-333-2227, le Medicare au 1-800-926-6565 (ATS 711).

May makukuhang mga libreng serbisyo sa wika, karagdagang tulong at mga alternatibong anyo. Tumawag sa 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711).

Предоставляются бесплатные языковые услуги, вспомогательные материалы и услуги в альтернативных форматах. Звоните 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (номер для текст-телефонных устройств (TTY) 711).

الخدمات المجانية للغة، والمساعدة الإضافية، وتنسيقات بديلة متاحة. يرجى الاتصال على:

TTY: 1-800-926-6565 (لذوي الإعاقة السمعية) Medicare: 1-800-333-2227 برنامج FEP: 1-800-352-2583 برنامج 711)

Sono disponibili servizi gratuiti di supporto linguistico, assistenza ausiliaria e formati alternativi. Telefono: 1-800-352-2583, FEP: 1-800-333-2227, Medicare: 1-800-926-6565, (TTY 711).

Kostenloser Service für Sprachen, Hilfsmittel und alternative Formate verfügbar. Telefon 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (TTY 711).

무료 언어, 보조 기구 및 대체 형식 서비스를 이용할 수 있습니다. 전화 1-800-352-2583, FEP 1-800-333-2227, 메디케어 1-800-926-6565, (TTY 711).

Bezpłatna pomoc językowa, pomoc dodatkowa oraz usługi różnego rodzaju są dostępne. Zadzwoń pod numer 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711).

મફત ભાષા, સહાયક મદદ અને વૈકલ્પિક ફોર્મેટ સેવાઓ ઉપલબ્ધ છે.

1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565, (TTY 711) પર કોલ કરો.

มีบริการภาษา ความช่วยเหลือเพิ่มเติม และบริการในรูปแบบอื่น ๆ ฟรี โทร 1-800-352-2583, FEP 1-800-333-2227, Medicare 1-800-926-6565 (TTY 711)

無料の言語サービス、補助サービス、代替フォーマットサービスをご利用いただけます。1-800-352-2583、FEP 1-800-333-2227、メディケア 1-800-926-6565 (TTY 711) までお電話ください。

خدمات رایگان زبانی، کمک‌های جانبی، و قالب‌های جایگزین در دسترس هستند. با شماره 1-800-352-2583 تماس بگیرید. برای Medicare 6565-926-800-1 یا 2227-333-800-1 و برای FEP بگیرید. برای

T'áá free yíníłta'go saad bee áká anilyeedígíí, ałk'ida'ánígíí, dóó t'áá ajilii hane' bee áká anilyeedígíí t'éiyá éí hołne'. 1-800-352-2583 bich'í' náhodoonih, FEP bich'í' 1-800-333-2227 bich'í' náhodoonih, Medicare bich'í' 1-800-926-6565 bich'í' náhodoonih, (TTY 711).