

2025 Summary of Benefits

Medicare Advantage Plans with Part D Prescription Drug Coverage

BlueMedicare Classic (HMO) H1035-019

BlueMedicare Premier (HMO) H1035-043

1/1/2025 – 12/31/2025

The plans' service area includes:

Lake, Marion and Sumter 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/forms.

If you want to know more about the coverage and costs of Original Medicare, look in your *Medicare & You* 2025 handbook. View it online at www.medicare.gov or get a copy by calling 1-800-MEDICARE (1-800-633-4227), 24 hours a day, 7 days a week. TTY users should call 1-877-486-2048.

Who Can Join?

To join, you must:

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

Our **H1035-019** service area includes the following **counties in Florida: Lake, Marion and Sumter**
Our **H1035-043** service area includes the following **counties in Florida: Lake, Marion and Sumter**

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. At the top navigation, click Member Resources, then click Find a Doctor or Find a Pharmacy. 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.
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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

	BlueMedicare Classic (HMO) Lake, Marion and Sumter H1035-019	BlueMedicare Premier (HMO) Lake, Marion and Sumter H1035-043
Monthly Plan Premium	\$0 You must continue to pay your Medicare Part B premium.	\$0 You must continue to pay your Medicare Part B premium.
Deductible	\$0 per year for health care services \$0 per year for Part D prescription drugs There is no deductible for insulins.	\$0 per year for health care services \$0 per year for Part D prescription drugs There is no deductible for insulins.
Maximum Out-of-Pocket Responsibility	\$5,500 is the most you pay for copays, coinsurance and other costs for Medicare-covered medical services from in-network providers for the year.	\$2,400 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

	BlueMedicare Classic (HMO) Lake, Marion and Sumter H1035-019	BlueMedicare Premier (HMO) Lake, Marion and Sumter H1035-043
Inpatient Hospital Coverage ◇	<ul style="list-style-type: none"> • \$145 copay per day for days 1-6 • \$0 copay per day, after day 6 	<ul style="list-style-type: none"> • \$115 copay per day for days 1-6 • \$0 copay per day, after day 6
Outpatient Hospital Coverage	<ul style="list-style-type: none"> • \$100 copay per visit for Medicare-covered services ◇ 	<ul style="list-style-type: none"> • \$85 copay per visit for Medicare-covered services ◇

	BlueMedicare Classic (HMO) Lake, Marion and Sumter H1035-019	BlueMedicare Premier (HMO) Lake, Marion and Sumter H1035-043
	<ul style="list-style-type: none"> • \$125 copay per visit for Medicare-covered observation services • \$0 copay for diagnostic colonoscopy* 	<ul style="list-style-type: none"> • \$140 copay per visit for Medicare-covered observation services • \$0 copay for diagnostic colonoscopy*
Ambulatory Surgical Center (ASC) Services	<ul style="list-style-type: none"> • \$150 copay for surgery services provided at an Ambulatory Surgical Center ♦ • \$0 copay for diagnostic colonoscopy* 	<ul style="list-style-type: none"> • \$40 copay for surgery services provided at an Ambulatory Surgical Center ♦ • \$0 copay for diagnostic colonoscopy*
Doctor Visits	<ul style="list-style-type: none"> • \$0 copay per primary care visit • \$49 copay per specialist visit* 	<ul style="list-style-type: none"> • \$0 copay per primary care visit • \$15 copay per specialist visit*
Preventive Care	<p>\$0 copay for Medicare-covered services</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training, diabetic services and supplies • Health and wellness education programs • Hepatitis C Screening • HIV screening • Immunizations 	<p>\$0 copay for Medicare-covered services</p> <ul style="list-style-type: none"> • Abdominal aortic aneurysm screening • Annual wellness visit • Bone mass measurement • Breast cancer screening (mammograms) • Cardiovascular disease risk reduction visit (therapy for cardiovascular disease) • Cardiovascular disease testing • Cervical and vaginal cancer screening • Colorectal cancer screening • Depression screening • Diabetes screening • Diabetes self-management training, diabetic services and supplies • Health and wellness education programs • Hepatitis C Screening • HIV screening • Immunizations

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- Medical nutrition therapy
- Medicare Diabetes Prevention Program (MDPP)
- Obesity screening and therapy to promote sustained weight loss
- Prostate cancer screening exams
- Screening and counseling to reduce alcohol misuse
- Screening for lung cancer with low dose computed tomography (LDCT)
- Screening for sexually transmitted infections (STIs) and counseling to prevent STIs
- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- Vision care: Glaucoma screening
- “Welcome to Medicare” preventive visit

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- Smoking and tobacco use cessation (counseling to stop smoking or tobacco use)
- Vision care: Glaucoma screening
- “Welcome to Medicare” preventive visit

Emergency Care

Medicare-Covered Emergency Care

- \$125 copay per visit, in- or out-of-network
This copay is waived if you are admitted to the hospital within 48 hours of an emergency room visit.

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.

Medicare-Covered Emergency Care

- \$140 copay per visit, in- or out-of-network
This copay is waived if you are admitted to the hospital within 48 hours of an emergency room visit.

Worldwide Emergency Care Services

- \$140 copay for Worldwide Emergency Care
- \$25,000 combined yearly limit for Worldwide Emergency Care and Worldwide Urgently Needed Services.
Does not include emergency transportation.

Urgently Needed Services

Medicare-Covered Urgently Needed Services

Urgently needed services are provided to treat a non-emergency, unforeseen

Medicare-Covered Urgently Needed Services

Urgently needed services are provided to treat a non-emergency, unforeseen

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medical illness, injury or condition that requires immediate medical attention.

- \$45 copay at an Urgent Care Center, in- or out-of-network
- Convenient Care Services are outpatient services for non-emergency injuries and illnesses that need treatment when most family physician offices are closed.
- \$45 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.

medical illness, injury or condition that requires immediate medical attention.

- \$35 copay at an Urgent Care Center, in- or out-of-network
- Convenient Care Services are outpatient services for non-emergency injuries and illnesses that need treatment when most family physician offices are closed.
- \$35 copay at a Convenient Care Center, in- or out-of-network

Worldwide Urgently Needed Services

- \$140 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.

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

Diagnostic Procedures and Tests

- \$100 copay at an Independent Diagnostic Testing Facility (IDTF)
- \$100 copay at an outpatient hospital facility
- \$0 copay for allergy testing
- **Laboratory Services**
- \$0 copay at an Independent Clinical Laboratory
- \$50 copay at an outpatient hospital facility
- **X-Rays**
- \$0 copay at a physician's office or at an IDTF

Diagnostic Procedures and Tests

- \$50 copay at an Independent Diagnostic Testing Facility (IDTF)
- \$50 copay at an outpatient hospital facility
- \$0 copay for allergy testing
- **Laboratory Services**
- \$0 copay at an Independent Clinical Laboratory
- \$30 copay at an outpatient hospital facility
- **X-Rays**
- \$0 copay at a physician's office or at an IDTF
- \$100 copay at an outpatient hospital facility

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- \$100 copay at an outpatient hospital facility
- **Advanced Imaging Services**
Includes services such as Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Positron Emission Tomography (PET), Computer Tomography (CT) scan or Nuclear Medicine testing.
- \$25 copay at a physician's office or at an IDTF
- \$225 copay at an outpatient hospital facility
- \$0 copay for each diagnostic mammogram
- **Radiation Therapy**
- 20% of the Medicare-allowed amount

- **Advanced Imaging Services**
Includes services such as Magnetic Resonance Imaging (MRI), Magnetic Resonance Angiography (MRA), Positron Emission Tomography (PET), Computer Tomography (CT) scan or Nuclear Medicine testing.
- \$0 copay at a physician's office or at an IDTF
- \$85 copay at an outpatient hospital facility
- \$0 copay for each diagnostic mammogram
- **Radiation Therapy**
- 20% of the Medicare-allowed amount

Hearing Services

Medicare-Covered Hearing Services*

- \$49 copay for exams to diagnose and treat hearing and balance issues
- Basic Hearing and Balance Exams at an In-Network specialist is covered at \$0 copayment.

Additional Hearing Services

- \$0 copay for one routine hearing exam per year
- \$0 copay for evaluation and fitting of hearing aids
- See chart below for copay of each hearing aid for up to 2 hearing aids every year.

Medicare-Covered Hearing Services*

- \$15 copay for exams to diagnose and treat hearing and balance issues
- Basic Hearing and Balance Exams at an In-Network specialist is covered at \$0 copayment.

Additional Hearing Services

- \$0 copay for one routine hearing exam per year
- \$0 copay for evaluation and fitting of hearing aids
- \$1,000 per ear. You pay a \$0 copay for up to 2 hearing aids every year with a maximum benefit allowance of \$1,000 per ear.
- NOTE: Hearing aids must be purchased through our participating provider to have access to the benefit.

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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.**

- Member is responsible for any amount after the benefit allowance has been applied. Subject to benefit maximum.

NOTE: Hearing aids must be purchased through our participating provider to have access to the benefit.

Dental Services

Medicare-Covered Dental Services ◊

- \$49 copay for non-routine dental care

Additional Dental Services

- \$0 copay for covered preventive dental services
- \$0 copay for covered comprehensive dental services

Medicare-Covered Dental Services ◊

- \$15 copay for non-routine dental care

Additional Dental Services

- \$3,500 Annual Maximum
- Allowance may NOT be used for implants, orthodontics, or cosmetic dentistry

Vision Services

Medicare-Covered Vision Services

- \$49 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)

Medicare-Covered Vision Services

- \$15 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)

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	<ul style="list-style-type: none"> • \$0 copay for one diabetic retinal exam per year • \$0 copay for one pair of eyeglasses or contact lenses after each cataract surgery <p>Additional Vision Services</p> <ul style="list-style-type: none"> • \$0 copay for one routine eye exam per year • For lenses, frames or contacts, \$0 copay • Subject to the annual maximum plan benefit allowance. • Member responsible for any amounts in excess of the annual maximum plan benefit allowance. • \$100 maximum allowance per year towards the purchase of lenses, frames or contacts lenses • Member responsible for costs exceeding the Benefit Maximum allowance per year. 	<ul style="list-style-type: none"> • \$0 copay for one diabetic retinal exam per year • \$0 copay for one pair of eyeglasses or contact lenses after each cataract surgery <p>Additional Vision Services</p> <ul style="list-style-type: none"> • \$0 copay for one routine eye exam per year • For lenses, frames or contacts, \$0 copay • Subject to the annual maximum plan benefit allowance. • Member responsible for any amounts in excess of the annual maximum plan benefit allowance. • \$300 maximum allowance per year towards the purchase of lenses, frames or contacts lenses • Member responsible for costs exceeding the Benefit Maximum allowance per year.
Mental Health Services ♦	<p>Inpatient Mental Health Services</p> <ul style="list-style-type: none"> • \$245 copay per day for days 1-5 • \$0 copay per day for days 6-90 • 190-day lifetime benefit maximum in a psychiatric hospital <p>Outpatient Mental Health Services</p> <ul style="list-style-type: none"> • \$20 copay 	<p>Inpatient Mental Health Services</p> <ul style="list-style-type: none"> • \$135 copay per day for days 1-9 • \$0 copay per day for days 10-90 • 190-day lifetime benefit maximum in a psychiatric hospital <p>Outpatient Mental Health Services</p> <ul style="list-style-type: none"> • \$20 copay
Skilled Nursing Facility (SNF) ♦	<ul style="list-style-type: none"> • \$0 copay per day for days 1-20 • \$214 copay per day for days 21-100 <p>Our plan covers up to 100 days in a SNF per benefit period.</p>	<ul style="list-style-type: none"> • \$0 copay per day for days 1-20 • \$214 copay per day for days 21-100 <p>Our plan covers up to 100 days in a SNF per benefit period.</p>
Physical Therapy *♦	<ul style="list-style-type: none"> • \$35 copay per visit • \$0 copay for Lymphedema Therapy 	<ul style="list-style-type: none"> • \$20 copay per visit • \$0 copay for Lymphedema Therapy
Ambulance ♦	<ul style="list-style-type: none"> • \$250 copay for each Medicare-covered trip (one-way) 	<ul style="list-style-type: none"> • \$225 copay for each Medicare-covered trip (one-way)

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Transportation	<ul style="list-style-type: none"> • Not Covered 	<ul style="list-style-type: none"> • Not Covered
Medicare Part B Drugs	<ul style="list-style-type: none"> • \$0 copay for allergy injections • Up to 20% of the Medicare-allowed amount for chemotherapy drugs and other Medicare Part B-covered drugs ◇ • 20% up to \$35 per month for insulin if you use an insulin pump that's covered under Medicare Part B's durable medical equipment benefit. ◇ 	<ul style="list-style-type: none"> • \$0 copay for allergy injections • Up to 20% of the Medicare-allowed amount for chemotherapy drugs and other Medicare Part B-covered drugs ◇ • 20% up to \$35 per month for insulin if you use an insulin pump that's covered under Medicare Part B's durable medical equipment benefit. ◇

Additional Benefits

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Caregiver Support for Member	<p>Provides coverage for digital coaching, education and support services such as counseling and training courses for caregivers of enrollees. Benefits include:</p> <ul style="list-style-type: none"> • A web-based tool that contains educational content covering topics on health, wealth, senior living, in-home care and lifestyle • 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). <p>See the <i>Evidence of Coverage</i> for benefit details.</p>	<p>Provides coverage for digital coaching, education and support services such as counseling and training courses for caregivers of enrollees. Benefits include:</p> <ul style="list-style-type: none"> • A web-based tool that contains educational content covering topics on health, wealth, senior living, in-home care and lifestyle • 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). <p>See the <i>Evidence of Coverage</i> for benefit details.</p>
Diabetic Supplies	<ul style="list-style-type: none"> • \$0 copay at a Florida Blue Medicare contracted retail or mail-order pharmacy for Diabetic Supplies such as: 	<ul style="list-style-type: none"> • \$0 copay at a Florida Blue Medicare contracted retail or mail-order pharmacy for Diabetic Supplies such as:

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- Lifescan (One Touch®) or Ascensia (Contour ®) glucose meters and test strips are preferred
- Lancets
- Continuous Glucose Monitors (CGMs) such as Freestyle Libre and Dexcom, and supplies. Other brands may require prior authorization. ♦

Important Note:

- **Insulin, alcohol swabs, 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.** Applicable Part D co-pays and deductibles apply.
- Please note: Medical supplies i.e. alcohol swabs, gauze, and/or syringes are not coverable under part D if not used for the administration of insulin.
- Lifescan (OneTouch®) and Ascensia (Contour ®) as well as other brands of glucose meters and test strips can also be obtained through our participating DME network.
- The initial fill of a CGM when being used with an insulin pump can be obtained through our participating DME provider.

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- Lifescan (One Touch®) or Ascensia (Contour ®) glucose meters and test strips are preferred
- Lancets
- Continuous Glucose Monitors (CGMs) such as Freestyle Libre and Dexcom, and supplies. Other brands may require prior authorization. ♦

Important Note:

- **Insulin, alcohol swabs, 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.** Applicable Part D co-pays and deductibles apply.
- Please note: Medical supplies i.e. alcohol swabs, gauze, and/or syringes are not coverable under part D if not used for the administration of insulin.
- Lifescan (OneTouch®) and Ascensia (Contour ®) as well as other brands of glucose meters and test strips can also be obtained through our participating DME network.
- The initial fill of a CGM when being used with an insulin pump can be obtained through our participating DME provider.

**Medicare
Diabetes**

- \$0 copay for Medicare-covered services

- \$0 copay for Medicare-covered services

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Prevention Program

Podiatry

- \$30 copay for each Medicare-covered podiatry visit

- \$20 copay for each Medicare-covered podiatry visit

Chiropractic

- \$20 copay for each Medicare-covered chiropractic service

- \$20 copay for each Medicare-covered chiropractic service

Medical Equipment and Supplies ♦

- 20% of the Medicare-allowed amount for all plan approved, Medicare-covered motorized wheelchairs and electric scooters
- 0% of the Medicare-allowed amount for all other plan approved, Medicare-covered durable medical equipment

- 20% of the Medicare-allowed amount for all plan approved, Medicare-covered motorized wheelchairs and electric scooters
- 0% of the Medicare-allowed amount for all other plan approved, Medicare-covered durable medical equipment

Outpatient Occupational and Speech Therapy *♦

- \$35 copay per visit

- \$20 copay per visit

Telehealth *♦

- \$45 copay for Urgently Needed Services
- \$0 copay for Primary Care Services
- \$35 copay for Occupational Therapy/Physical Therapy/Speech Therapy at a freestanding location
- \$35 copay for Occupational Therapy/Physical Therapy/Speech Therapy at an outpatient hospital
- \$49 copay for Dermatology Services
- \$20 copay for individual sessions for outpatient Mental Health Specialty Services
- \$20 copay for individual sessions for outpatient Psychiatry Specialty Services
- \$20 copay for Opioid Treatment Program Services

- \$35 copay for Urgently Needed Services
- \$0 copay for Primary Care Services
- \$20 copay for Occupational Therapy/Physical Therapy/Speech Therapy at a freestanding location
- \$20 copay for Occupational Therapy/Physical Therapy/Speech Therapy at an outpatient hospital
- \$15 copay for Dermatology Services
- \$20 copay for individual sessions for outpatient Mental Health Specialty Services
- \$20 copay for individual sessions for outpatient Psychiatry Specialty Services
- \$20 copay for Opioid Treatment Program Services

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	<ul style="list-style-type: none"> • \$20 copay for individual sessions for outpatient Substance Abuse Specialty Services • \$0 copay for Diabetes Self-Management Training • \$0 copay for Dietician Services 	<ul style="list-style-type: none"> • \$20 copay for individual sessions for outpatient Substance Abuse Specialty Services • \$0 copay for Diabetes Self-Management Training • \$0 copay for Dietician Services
Dental, Vision and Hearing Flex Benefits	<ul style="list-style-type: none"> • Not Covered 	Your plan includes an additional \$500 yearly allowance on your Blue Dollars Benefits MasterCard® Prepaid Card that can be used towards any out-of-pocket costs related to your plans' covered dental, vision or hearing services, such as dental care, hearing aids and glasses, if covered by your plan. Any balance not used will not carry over to the next year.
Special Supplemental Benefits for the Chronically Ill (SSBCI) ♦	<ul style="list-style-type: none"> • Not Covered 	If you are diagnosed as having one or a combination of Coronary Artery Disease (CAD), Congestive Heart Failure (CHF), Chronic Obstructive Pulmonary Disease (COPD), Diabetes, Dementia, Bipolar disorders, Major depressive disorders, Paranoid disorder, Schizophrenia, Schizoaffective disorders, Amyotrophic lateral sclerosis, Epilepsy, Extensive paralysis, Huntington's disease, Multiple sclerosis, Parkinson's disease, Polyneuropathy, Spinal stenosis, and/or Stroke-related neurologic deficit you may receive the following additional benefits:

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- \$50 per month on your Blue Dollars Benefits MasterCard® Prepaid card to purchase healthy food and produce at a plan approved location in order to assist members in maintaining a healthy diet to support their nutritional needs. The benefit card will be mailed directly to members and replenished at the beginning of each month. Any balance not used for a month will not carry over to the next month.
- See the Evidence of Coverage for full eligibility requirements.

Blue Dollars Benefits MasterCard® Prepaid Card

- **Based on your plan's allowance and frequency amounts, funds will be loaded on your Blue Dollars Card automatically.**
- Use your Blue Dollars card for easy access to rewards and select allowance benefits that may be part of your plan.
- Benefits, coverage and amounts vary by plan. Limitations, exclusions, and restrictions may apply.
- The Blue Dollars card will be mailed directly to you and replenished at the beginning of each month.

NOTE: See Healthy Blue Rewards

- **Based on your plan's allowance and frequency amounts, funds will be loaded on your Blue Dollars Card automatically.**
- Use your Blue Dollars card for easy access to rewards and select allowance benefits that may be part of your plan.
- Benefits, coverage and amounts vary by plan. Limitations, exclusions, and restrictions may apply.
- The Blue Dollars card will be mailed directly to you and replenished at the beginning of each month.

NOTE: See Healthy Food and Healthy Blue Rewards

Over-the-Counter Items

- Not Covered

- You receive a \$133 benefit allowance every three months to use toward the purchase of eligible items. You can shop for eligible products online or by phone and at participating retail locations using our designated vendor. Any unused

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or remaining allowance amount is forfeited and does not roll over to the next quarter. You will receive more information about this benefit, including instructions for using it in the mail.

**SilverSneakers®
Fitness Program**

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

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- Access to exercise equipment and other amenities, classes for all levels and abilities, social events, and more

**HealthyBlue
Rewards**

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

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

Part D Prescription Drug Benefits

Deductible Stage

\$0 per year for Part D prescription drugs. The deductible doesn't apply to covered insulin products and most adult Part D vaccines, including shingles, tetanus, and travel vaccines.

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.

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During the Initial Coverage Stage:	<ul style="list-style-type: none"> You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,000. You then move on to the Catastrophic Coverage Stage. You may get your drugs at network retail pharmacies and mail order pharmacies. 	<ul style="list-style-type: none"> You stay in the Initial Coverage Stage until your total out-of-pocket costs reach \$2,000. You then move on to the Catastrophic Coverage Stage. You may get your drugs at network retail pharmacies and mail order pharmacies.

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<i>See Evidence of Coverage for details.</i>	Standard Retail/LTC/Mail Order (31-day supply)	Standard Retail/Mail Order (90 to 100-day supply)	Standard Retail/LTC/Mail Order (31-day supply)	Standard Retail/Mail Order (90 to 100-day supply)
Tier 1 - Preferred Generic	\$0 copay	\$0 copay	\$0 copay	\$0 copay
Tier 2 - Generic	\$10 copay	\$30 copay	\$0 copay	\$0 copay
Tier 3 - Preferred Brand	\$40 copay	\$120 copay	\$35 copay	\$105 copay
Tier 4 - Non-Preferred Drug	\$93 copay	\$279 copay	\$93 copay	\$279 copay
Tier 5 - Specialty Tier	33% of the cost	N/A	33% of the cost	N/A
Tier 6 - Select Care Drugs	\$0 copay	\$0 copay	N/A	N/A

You won't pay more than \$35 for a one-month supply of each covered insulin product regardless of the cost-sharing tier.

Catastrophic Coverage Stage

You enter the Catastrophic Coverage Stage when your out-of-pocket costs have reached the **\$2,000** limit for the calendar year. During the Catastrophic Coverage Stage, you pay nothing for your covered Part D drugs. You will stay in this payment stage until the end of the calendar year.

Additional Drug Coverage

- Please call us or see the plan's *"Evidence of Coverage"* on our website (www.floridablue.com/medicare/forms) for complete information about your costs for covered drugs. If you request and the plan approves a formulary exception, you will pay **Tier 4 (Non-Preferred Drug)** cost-sharing.
- Your cost-sharing may be different if you use a Long-Term Care (LTC) pharmacy, a home infusion pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 90 days) of a drug.
- Our plan covers most Part D vaccines at no cost to you including shingles, tetanus and travel vaccines.

Disclaimers

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

If you have any questions, please contact our Member Services 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.

The Blue Dollars Benefits Mastercard® Prepaid Card is issued by The Bancorp Bank N.A., Member FDIC, pursuant to license by Mastercard International Incorporated. Card can be used for eligible expenses wherever Mastercard is accepted. Valid only in the U.S. No cash access. Mastercard and the circles design is a trademark of Mastercard International Incorporated.

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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. View the Discrimination and Accessibility Notice at floridablue.com/ndnotice, plus information on our free language assistance services. Or call 1-800-352-2583 (TTY: 1-800-955-8770).

Puede ver la notificación de no discriminación y accesibilidad, además de información sobre nuestros servicios gratuitos de asistencia lingüística en floridablue.com/es/ndnotice. O llame al 1-800-352-2583 (TTY: 1-877-955-8773).

Multi-language Interpreter Services

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

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

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

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

Tagalog: Mayroon kaming libreng serbisyo sa pagsasaling-wika upang masagot ang anumang mga katanungan ninyo hinggil sa aming planong pangkalusugan o 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.

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

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

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

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

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

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

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

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

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