

2023 Summary of Benefits

Medicare Advantage Plans with Part D Prescription Drug Coverage

BlueMedicare Complete (HMO D-SNP) H1035-030

BlueMedicare Complete (HMO D-SNP) H1035-032

1/1/2023 – 12/31/2023



The plans' service area includes:

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

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

If you want to know more about the coverage and costs of Original Medicare, look in your *Medicare & You* 2023 handbook. View it online at www.medicare.gov 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
- receive any level of assistance from the Florida Medical Assistance Program (Medicaid). If you receive both Medicare and Medicaid benefits, this means you are dual-eligible. BlueMedicare Complete (HMO D-SNP) may enroll dual-eligibles who are in the SMLB, SLMB Plus, QMB, QMB Plus, FBDE, QI and QDWI programs; and
- live in **our service area**.

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

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

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). 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.

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 Complete (HMO D-SNP) Hillsborough and Polk H1035-030	BlueMedicare Complete (HMO D-SNP) Charlotte, Collier, Hernando, Lee, Manatee, Pasco, Pinellas and Sarasota H1035-032
Monthly Plan Premium	\$0 or up to \$35.90 There may be some situations in which your premium increases. You will never pay more than a premium of \$35.90 . You must continue to pay your Medicare Part B premium.	\$0 or up to \$35.90 There may be some situations in which your premium increases. You will never pay more than a premium of \$35.90 . You must continue to pay your Medicare Part B premium.
Deductible	\$0 per year for health care services \$0 or up to \$505 per year for Part D prescription drugs applies to Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier)	\$0 per year for health care services \$0 or up to \$505 for Part D prescription drugs applies to Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier)
Maximum Out-of-Pocket Responsibility	\$1,500 is the most you pay for copays, coinsurance and other costs for Medicare-covered medical services from in-network providers for the year	\$1,500 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 Complete (HMO D-SNP) Hillsborough and Polk H1035-030	BlueMedicare Complete (HMO D-SNP) Charlotte, Collier, Hernando, Lee, Manatee, Pasco, Pinellas and Sarasota H1035-032
Inpatient Hospital Coverage ◇	<ul style="list-style-type: none"> • \$0 copay 	<ul style="list-style-type: none"> • \$0 copay
Outpatient Hospital Coverage	<ul style="list-style-type: none"> • \$0 copay per visit for Medicare-covered services ◇ • \$0 copay per visit for Medicare-covered observation services 	<ul style="list-style-type: none"> • \$0 copay per visit for Medicare-covered services ◇ • \$0 copay per visit for Medicare-covered observation services
Ambulatory Surgical Center (ASC) Services ◇	<ul style="list-style-type: none"> • \$0 copay 	<ul style="list-style-type: none"> • \$0 copay
Doctor Visits	<ul style="list-style-type: none"> • \$0 copay per primary care visit • \$0 copay per specialist visit* 	<ul style="list-style-type: none"> • \$0 copay per primary care visit • \$0 copay per specialist visit*
Preventive Care	\$0 copay for Medicare-covered services <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 	\$0 copay for Medicare-covered services <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

BlueMedicare Complete (HMO D-SNP) Hillsborough and Polk H1035-030		BlueMedicare Complete (HMO D-SNP) Charlotte, Collier, Hernando, Lee, Manatee, Pasco, Pinellas and Sarasota H1035-032	
	<ul style="list-style-type: none"> • Health and wellness education programs • Hepatitis C Screening • HIV screening • Immunizations • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • Vision care: Glaucoma screening • “Welcome to Medicare” preventive visit 		<ul style="list-style-type: none"> • Health and wellness education programs • Hepatitis C Screening • HIV screening • Immunizations • Medical nutrition therapy • Medicare Diabetes Prevention Program (MDPP) • Obesity screening and therapy to promote sustained weight loss • Prostate cancer screening exams • Screening and counseling to reduce alcohol misuse • Screening for lung cancer with low dose computed tomography (LDCT) • Screening for sexually transmitted infections (STIs) and counseling to prevent STIs • Smoking and tobacco use cessation (counseling to stop smoking or tobacco use) • Vision care: Glaucoma screening • “Welcome to Medicare” preventive visit
Emergency Care	<ul style="list-style-type: none"> • \$0 copay per visit, in- or out-of-network 		<ul style="list-style-type: none"> • \$0 copay per visit, in- or out-of-network
	Worldwide Emergency Care Services <ul style="list-style-type: none"> • \$0 copay for Worldwide Emergency Care • \$25,000 combined yearly limit for Worldwide Emergency Care and Worldwide Urgently Needed Services <p>Does not include emergency transportation.</p>		Worldwide Emergency Care Services <ul style="list-style-type: none"> • \$0 copay for Worldwide Emergency Care • \$25,000 combined yearly limit for Worldwide Emergency Care and Worldwide Urgently Needed Services <p>Does not include emergency transportation.</p>

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Urgently Needed Services	<ul style="list-style-type: none"> • \$0 copay at an Urgent Care Center or Convenient Care Center, in- or out-of-network • Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention. • Convenient Care Services are outpatient services for non-emergency injuries and illnesses that need treatment when most family physician offices are closed. 	<ul style="list-style-type: none"> • \$0 copay at an Urgent Care Center or Convenient Care Center, in- or out-of-network • Urgently needed services are provided to treat a non-emergency, unforeseen medical illness, injury or condition that requires immediate medical attention. • Convenient Care Services are outpatient services for non-emergency injuries and illnesses that need treatment when most family physician offices are closed.
	Worldwide Urgently Needed Services <ul style="list-style-type: none"> • \$0 copay for Worldwide Urgently Needed Services • \$25,000 combined yearly limit for Worldwide Emergency Care and Worldwide Urgently Needed Services <p>Does not include emergency transportation.</p>	Worldwide Urgently Needed Services <ul style="list-style-type: none"> • \$0 copay for Worldwide Urgently Needed Services • \$25,000 combined yearly limit for Worldwide Emergency Care and Worldwide Urgently Needed Services <p>Does not include emergency transportation.</p>
Diagnostic Services/ Labs/Imaging *◇	Diagnostic Procedures and Tests <ul style="list-style-type: none"> • \$0 copay Laboratory Services <ul style="list-style-type: none"> • \$0 copay X-Rays <ul style="list-style-type: none"> • \$0 copay Advanced Imaging Services Includes services such as Magnetic Resonance Imaging (MRI), Positron	Diagnostic Procedures and Tests <ul style="list-style-type: none"> • \$0 copay Laboratory Services <ul style="list-style-type: none"> • \$0 copay X-Rays <ul style="list-style-type: none"> • \$0 copay Advanced Imaging Services Includes services such as Magnetic Resonance Imaging (MRI), Positron

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Emission Tomography (PET), and Computer Tomography (CT) Scan <ul style="list-style-type: none"> • \$0 copay 		Emission Tomography (PET), and Computer Tomography (CT) Scan <ul style="list-style-type: none"> • \$0 copay 	
Radiation Therapy <ul style="list-style-type: none"> • 0% of the Medicare-allowed amount 		Radiation Therapy <ul style="list-style-type: none"> • 0% of the Medicare-allowed amount 	
Hearing Services	Medicare-Covered Hearing Services* <ul style="list-style-type: none"> • \$0 copay for exams to diagnose and treat hearing and balance issues Additional Hearing Services <ul style="list-style-type: none"> • \$0 copay for one routine hearing exam per year • \$0 copay for evaluation and fitting of hearing aids • \$1,500 per ear. You pay a \$0 copay for up to 2 hearing aids every year with a maximum benefit allowance of \$1,500 per ear. <p>NOTE: Hearing aids must be purchased through our participating provider to have access to the benefit.</p> <ul style="list-style-type: none"> • Member is responsible for any amount after the benefit allowance has been applied. Subject to benefit maximum. 	Medicare-Covered Hearing Services*	<ul style="list-style-type: none"> • \$0 copay for exams to diagnose and treat hearing and balance issues Additional Hearing Services <ul style="list-style-type: none"> • \$0 copay for one routine hearing exam per year • \$0 copay for evaluation and fitting of hearing aids • \$1,500 per ear. You pay a \$0 copay for up to 2 hearing aids every year with a maximum benefit allowance of \$1,500 per ear. <p>NOTE: Hearing aids must be purchased through our participating provider to have access to the benefit.</p> <ul style="list-style-type: none"> • Member is responsible for any amount after the benefit allowance has been applied. Subject to benefit maximum.
Dental Services	Medicare-Covered Dental Services ♦ <ul style="list-style-type: none"> • \$0 copay for non-routine dental care Additional Dental Services <ul style="list-style-type: none"> • \$0 copay for covered preventive dental services 	Medicare-Covered Dental Services ♦	<ul style="list-style-type: none"> • \$0 copay for non-routine dental care Additional Dental Services <ul style="list-style-type: none"> • \$0 copay for covered preventive dental services

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	<ul style="list-style-type: none"> • \$0 copay for covered comprehensive dental services 	<ul style="list-style-type: none"> • \$0 copay for covered comprehensive dental services
Vision Services	Medicare-Covered Vision Services <ul style="list-style-type: none"> • \$0 copay for physician services to diagnose and treat eye diseases and conditions * • \$0 copay for glaucoma screening (once per year for members at high risk of glaucoma) • \$0 copay for one diabetic retinal exam per year • \$0 copay for one pair of eyeglasses or contact lenses after each cataract surgery Additional Vision Services <ul style="list-style-type: none"> • \$0 copay for one routine eye exam per year • \$500 maximum allowance per year towards the purchase of lenses, frames or contact lenses • Member responsible for costs exceeding the annual maximum plan benefit allowance. 	Medicare-Covered Vision Services <ul style="list-style-type: none"> • \$0 copay for physician services to diagnose and treat eye diseases and conditions * • \$0 copay for glaucoma screening (once per year for members at high risk of glaucoma) • \$0 copay for one diabetic retinal exam per year • \$0 copay for one pair of eyeglasses or contact lenses after each cataract surgery Additional Vision Services <ul style="list-style-type: none"> • \$0 copay for one routine eye exam per year • \$500 maximum allowance per year towards the purchase of lenses, frames or contact lenses • Member responsible for costs exceeding the annual maximum plan benefit allowance.
Mental Health Services ♦	Inpatient Mental Health Services <ul style="list-style-type: none"> • \$0 copay • 190-day lifetime benefit maximum in a psychiatric hospital Outpatient Mental Health Services <ul style="list-style-type: none"> • \$0 copay 	Inpatient Mental Health Services <ul style="list-style-type: none"> • \$0 copay • 190-day lifetime benefit maximum in a psychiatric hospital Outpatient Mental Health Services <ul style="list-style-type: none"> • \$0 copay
Skilled Nursing Facility (SNF) ♦	<ul style="list-style-type: none"> • \$0 copay Our plan covers up to 100 days in a SNF per benefit period.	<ul style="list-style-type: none"> • \$0 copay Our plan covers up to 100 days in a SNF per benefit period.

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Physical Therapy *◇	<ul style="list-style-type: none"> • \$0 copay 	<ul style="list-style-type: none"> • \$0 copay
Ambulance ◇	<ul style="list-style-type: none"> • \$0 copay for each Medicare-covered trip (one-way) 	<ul style="list-style-type: none"> • \$0 copay for each Medicare-covered trip (one-way)
Transportation	<ul style="list-style-type: none"> • \$0 copay for unlimited one-way trips for rides to your doctor, hospital or pharmacy • These services can accommodate wheelchairs, walkers, oxygen tanks and service animals 	<ul style="list-style-type: none"> • \$0 copay for unlimited one-way trips for rides to your doctor, hospital or pharmacy • These services can accommodate wheelchairs, walkers, oxygen tanks and service animals
Medicare Part B Drugs	<ul style="list-style-type: none"> • \$0 copay for allergy injections • 0% coinsurance for chemotherapy drugs and other Medicare Part B-covered drugs ◇ 	<ul style="list-style-type: none"> • \$0 copay for allergy injections • 0% coinsurance for chemotherapy drugs and other Medicare Part B-covered drugs ◇

Additional Benefits

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At Home Care	<p>We offer this benefit through our partnership with our participating provider who connects youthful, energetic adults to enrollees who require assistance with transportation, companionship, household chores, use of electronic devices, exercise and activity.</p> <p>Benefits include the following:</p> <p>At Home Care, 60 hours per year.</p>	<p>We offer this benefit through our partnership with our participating provider who connects youthful, energetic adults to enrollees who require assistance with transportation, companionship, household chores, use of electronic devices, exercise and activity.</p> <p>Benefits include the following:</p> <p>At Home Care, 60 hours per year.</p>

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Services include support with Instrumental Activities of Daily Living (IADL).		Services include support with Instrumental Activities of Daily Living (IADL).	
Caregiver Support for Member	Provides coverage for coaching, education and support services such as counseling and training courses for caregivers of enrollees. Benefits include: <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). 	Provides coverage for coaching, education and support services such as counseling and training courses for caregivers of enrollees. Benefits include: <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). 	See the <i>Evidence of Coverage</i> for benefit details.
	See the <i>Evidence of Coverage</i> for benefit details.		See the <i>Evidence of Coverage</i> for benefit details.
Diabetic Supplies	<ul style="list-style-type: none"> • \$0 copay at your network retail or mail-order pharmacy for Diabetic Supplies such as: <ul style="list-style-type: none"> ◦ Lifescan (One Touch®) Glucose Meters ◦ Lancets ◦ Test Strips 	<ul style="list-style-type: none"> • \$0 copay at your network retail or mail-order pharmacy for Diabetic Supplies such as: <ul style="list-style-type: none"> ◦ Lifescan (One Touch®) Glucose Meters ◦ Lancets ◦ Test Strips 	
	Important Note: Insulin, insulin syringes and needles for self-administration in the home are obtained from an in-network retail or mail order pharmacy and are covered under your Medicare Part D pharmacy benefit. Applicable Part D		Important Note: Insulin, insulin syringes and needles for self-administration in the home are obtained from an in-network retail or mail order pharmacy and are covered under your Medicare Part D pharmacy benefit. Applicable Part D

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	co-pays and deductibles apply. Lifescan (OneTouch®) as well as other brands of glucose meters and test strips can also be obtained through our participating DME network.	co-pays and deductibles apply. Lifescan (OneTouch®) as well as other brands of glucose meters and test strips can also be obtained through our participating DME network.
Medicare Diabetes Prevention Program	<ul style="list-style-type: none"> • \$0 copay for Medicare-covered services 	<ul style="list-style-type: none"> • \$0 copay for Medicare-covered services
Podiatry	<ul style="list-style-type: none"> • \$0 copay for each Medicare-covered podiatry visit 	<ul style="list-style-type: none"> • \$0 copay for each Medicare-covered podiatry visit
Chiropractic	<ul style="list-style-type: none"> • \$0 copay 	<ul style="list-style-type: none"> • \$0 copay
Medical Equipment and Supplies ♦	<ul style="list-style-type: none"> • 0% coinsurance for all plan approved, Medicare-covered motorized wheelchairs and electric scooters • 0% coinsurance for all other plan approved, Medicare-covered durable medical equipment 	<ul style="list-style-type: none"> • 0% coinsurance for all plan approved, Medicare-covered motorized wheelchairs and electric scooters • 0% coinsurance for all other plan approved, Medicare-covered durable medical equipment
Outpatient Occupational and Speech Therapy *♦	<ul style="list-style-type: none"> • \$0 copay 	<ul style="list-style-type: none"> • \$0 copay
Telehealth *♦	<ul style="list-style-type: none"> • \$0 copay for: <ul style="list-style-type: none"> ◦ Urgently Needed Services ◦ Primary Care Services ◦ Occupational Therapy/Physical Therapy/Speech Therapy at a freestanding location ◦ Occupational Therapy/Physical Therapy/Speech Therapy at an outpatient hospital ◦ Dermatology Services 	<ul style="list-style-type: none"> • \$0 copay for: <ul style="list-style-type: none"> ◦ Urgently Needed Services ◦ Primary Care Services ◦ Occupational Therapy/Physical Therapy/Speech Therapy at a freestanding location ◦ Occupational Therapy/Physical Therapy/Speech Therapy at an outpatient hospital ◦ Dermatology Services

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	<ul style="list-style-type: none"> o Individual sessions for outpatient Mental Health Specialty Services o Individual sessions for outpatient Psychiatry Specialty Services o Opioid Treatment Program Services o Individual sessions for outpatient Substance Abuse Specialty Services o Diabetes Self-Management Training o Dietician Services 	<ul style="list-style-type: none"> o Individual sessions for outpatient Mental Health Specialty Services o Individual sessions for outpatient Psychiatry Specialty Services o Opioid Treatment Program Services o Individual sessions for outpatient Substance Abuse Specialty Services o Diabetes Self-Management Training o Dietician Services
Healthy Food Benefit	<p>Healthy Food Benefit</p> <p>Members will receive \$52 per month on their Blue Dollars card to purchase healthy food and produce at plan approved location in order to assist members in maintaining a healthy diet to support their nutritional needs.</p> <p>The benefit card will be mailed directly to members and replenished at the beginning of each month. Any unused monthly allowance will not be rolled over into the following month.</p> <p>Members are eligible based on low income status (LIS) qualifications for the “Extra Help” Medicare program. All levels of LIS qualifications are eligible to receive this benefit.</p> <p>NOTE: Current members who already have a Blue Dollars card should continue to use it.</p>	<p>Healthy Food Benefit</p> <p>Members will receive \$52 per month on their Blue Dollars card to purchase healthy food and produce at plan approved location in order to assist members in maintaining a healthy diet to support their nutritional needs.</p> <p>The benefit card will be mailed directly to members and replenished at the beginning of each month. Any unused monthly allowance will not be rolled over into the following month.</p> <p>Members are eligible based on low income status (LIS) qualifications for the “Extra Help” Medicare program. All levels of LIS qualifications are eligible to receive this benefit.</p> <p>NOTE: Current members who already have a Blue Dollars card should continue to use it.</p>

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Wellness and Health Care Planning, Including Advance Care Planning	Members have access to telephonic and digital advance care planning tools at no additional cost.	Members have access to telephonic and digital advance care planning tools at no additional cost.
Health Education	meQuilibrium's digital coaching platform delivers clinically validated and highly personalized resilience solutions to help people improve their ability to manage stress and successfully cope with life's challenges. To get started visit www.floridablue.com/medicare to log in to My Health Link™, your member portal. Select "My Health Center" then "meQuilibrium".	meQuilibrium's digital coaching platform delivers clinically validated and highly personalized resilience solutions to help people improve their ability to manage stress and successfully cope with life's challenges. To get started visit www.floridablue.com/medicare to log in to My Health Link™, your member portal. Select "My Health Center" then "meQuilibrium".
Over-the-Counter Items	<ul style="list-style-type: none"> • \$100 monthly allowance for the purchase of non-prescription items such as vitamins and aspirin • Any balance not used for a month will not carry over to the next month 	<ul style="list-style-type: none"> • \$100 monthly allowance for the purchase of non-prescription items such as vitamins and aspirin • Any balance not used for a month will not carry over to the next month
SilverSneakers® Fitness Program	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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
Meal Benefit ♦	<ul style="list-style-type: none"> • 10 meals after each hospital discharge 	<ul style="list-style-type: none"> • 10 meals after each hospital discharge

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Healthy Blue Rewards	<ul style="list-style-type: none"> Your BlueMedicare plan rewards you for taking care of your health. Redeem gift card rewards for completing and reporting preventive care and screenings 	<ul style="list-style-type: none"> Your BlueMedicare plan rewards you for taking care of your health. Redeem gift card rewards for completing and reporting preventive care and screenings

Part D Prescription Drug Benefits

Most of our members qualify for and are getting “Extra Help” from Medicare to pay for their prescription drug plan costs. If you are in the “Extra Help” program, this information about the costs for Part D prescription drugs does not apply to you. We sent you a separate insert, called the “Evidence of Coverage Rider for People Who Get Extra Help Paying for Prescription Drugs” (also known as the “Low Income Subsidy Rider” or the “LIS Rider”), which tells you about your drug coverage.

Participants who currently have Low Income Subsidy (LIS) will pay \$0 throughout all drug tiers and all phases. Participants with no LIS, please reference the *Evidence of Coverage* for more information.

Deductible Stage

The deductible applies to Tier 1 (Preferred Generic), Tier 2 (Generic), Tier 3 (Preferred Brand), Tier 4 (Non-Preferred Drug), and Tier 5 (Specialty Tier). **In most cases you will pay \$0 or \$505.** The deductible for those who do not qualify for “Extra Help” is \$505.

You begin in this stage when you fill your first prescription of the year. You pay the full cost of prescription drugs up to the deductible amount before moving to the initial coverage stage. In the deductible stage, if your prescription drug cost exceeds the deductible amount and moves you into the initial stage, you may have to pay the deductible and applicable tier cost share.

Initial Coverage Stage

You begin in this stage after you meet your deductible (if applicable). During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost. You remain in this stage until your total yearly drug costs (your payments plus any Part D plan’s payments) reach **\$4,660**. You may get your drugs at network retail pharmacies and mail order pharmacies. Cost-sharing below applies to a one-month (31-day) supply.

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<i>Up to a 90-day supply Tier 3, 4, 5 & up to a 100-day supply Tier 1 & 2. 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 or up to 25%, depending on the level of "Extra Help" you receive.	\$0 or up to 25%, depending on the level of "Extra Help" you receive.	\$0 or up to 25%, depending on the level of "Extra Help" you receive.	\$0 or up to 25%, depending on the level of "Extra Help" you receive.
Tier 2 - Generic	\$0 or up to 25%, depending on the level of "Extra Help" you receive.	\$0 or up to 25%, depending on the level of "Extra Help" you receive.	\$0 or up to 25%, depending on the level of "Extra Help" you receive.	\$0 or up to 25%, depending on the level of "Extra Help" you receive.
Tier 3 - Preferred Brand	\$0 or up to 25%, depending on the level of "Extra Help" you receive.	\$0 or up to 25%, depending on the level of "Extra Help" you receive.	\$0 or up to 25%, depending on the level of "Extra Help" you receive.	\$0 or up to 25%, depending on the level of "Extra Help" you receive.
Tier 4 - Non-Preferred Drug	\$0 or up to 25%, depending on the level of "Extra Help" you receive.	\$0 or up to 25%, depending on the level of "Extra Help" you receive.	\$0 or up to 25%, depending on the level of "Extra Help" you receive.	\$0 or up to 25%, depending on the level of "Extra Help" you receive.
Tier 5 - Specialty Tier	\$0 or up to 25%, depending on the level of "Extra Help" you receive.	N/A	\$0 or up to 25%, depending on the level of "Extra Help" you receive.	N/A

Coverage Gap Stage

Most Medicare drug plans have a coverage gap (also called the "donut hole"). This means that there's a temporary change in what you will pay for your drugs. The Coverage Gap Stage begins after your total year-to-date drug cost (your payments plus any Part D plan's payments) reaches **\$4,660**. You stay in this stage until your year-to-date "out-of-pocket" costs reach a total of **\$7,400**.

	BlueMedicare Complete (HMO D-SNP) Hillsborough and Polk H1035-030	BlueMedicare Complete (HMO D-SNP) Charlotte, Collier, Hernando, Lee, Manatee, Pasco, Pinellas and Sarasota H1035-032
During the Coverage Gap Stage:	<ul style="list-style-type: none"> For generic drugs, you pay \$0 or up to 25% of the cost For brand-name drugs, you pay \$0 or up to 25% of the cost (plus a portion of the dispensing fee) 	<ul style="list-style-type: none"> For generic drugs, you pay \$0 or up to 25% of the cost For brand-name drugs, you pay \$0 or up to 25% of the cost (plus a portion of the dispensing fee)

Catastrophic Coverage Stage

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

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

Additional Drug Coverage

- Please call us or see the plan's "*Evidence of Coverage*" on our website (www.floridablue.com/medicare) for BlueMedicare 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.

Disclaimers

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

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

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

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

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

Medicare approved Florida Blue Medicare to provide these benefits and/or lower co-payments/co-insurance as part of the Value-Based Insurance Design program. This program lets Medicare try new ways to improve Medicare Advantage plans.

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

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

Multi-language Interpreter Services

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

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

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

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

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

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

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

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

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

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

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

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

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

Português: 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。