

1340 Ridgewood Avenue
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2010 Summary of Benefits

MEDVANTAGE PLAN (HMO-POS)

Volusia and Flagler
Counties, Florida

Florida Health



A Medicare Advantage Organization with a Medicare Contract

**SECTION I - INTRODUCTION TO THE SUMMARY OF BENEFITS FOR
FLORIDA HEALTH CARE PLAN, INC.
MEDVANTAGE/MEDVANTAGE WITH OPTIONAL POINT OF SERVICE PLANS
(HMO-POS)**

**January 1, 2010 - December 31, 2010
Volusia and Flagler Counties, Florida**

Thank you for your interest in FHCP Medvantage (HMO-POS). Our plan is offered by FLORIDA HEALTH CARE PLAN, INC., a Medicare Advantage Health Maintenance Organization (HMO). This Summary of Benefits tells you some features of our plan. It doesn't list every service that we cover or list every limitation or exclusion. To get a complete list of our benefits, please call FHCP Medvantage (HMO-POS) and ask for the "Evidence of Coverage".

YOU HAVE CHOICES IN YOUR HEALTH CARE

As a Medicare beneficiary, you can choose from different Medicare options. One option is the Original (fee-for-service) Medicare Plan. Another option is a Medicare health plan, like FHCP Medvantage (HMO-POS). You may have other options too. You make the choice. No matter what you decide, you are still in the Medicare Program.

You may join or leave a plan only at certain times. Please call FHCP Medvantage (HMO-POS) at the number listed at the end of this introduction or 1-800-MEDICARE (1-800-633-4227) for more information. TTY/TDD users should call 1-877-486-2048. You can call this number 24 hours a day, 7 days a week.

HOW CAN I COMPARE MY OPTIONS?

You can compare FHCP Medvantage (HMO-POS) and the Original Medicare Plan using this Summary of Benefits. The charts in this booklet list some important health benefits. For each benefit, you can see what our plan covers and what the Original Medicare Plan covers.

Our members receive all of the benefits that the Original Medicare Plan offers. We also offer more benefits, which may change from year to year.

WHERE IS FHCP MEDVANTAGE (HMO-POS) AVAILABLE?

The service area for this plan includes: Flagler, Volusia Counties, FL. You must live in one of these areas to join the plan.

WHO IS ELIGIBLE TO JOIN FHCP MEDVANTAGE (HMO-POS)?

You can join FHCP Medvantage (HMO-POS) if you are entitled to Medicare Part A and enrolled in Medicare Part B and live in the service area. However, individuals with End Stage Renal Disease are generally not eligible to enroll in FHCP Medvantage (HMO-POS) unless they are members of our organization and have been since their dialysis began.

CAN I CHOOSE MY DOCTORS?

FHCP Medvantage (HMO-POS) has formed a network of doctors, specialists, and hospitals. You can use any doctor who is part of our network. Florida Health Care Plan, Inc. offers an optional point-of-service benefit. If you choose this optional benefit, in some cases, you may also go to doctors outside of our network. The health providers in our network can change at any time. You can ask for a current Provider Directory or for an up-to-date list visit us at <http://www.fhcp.com/medicare/overview/overview.htm>. Our number is listed at the end of this introduction.

You can ask for a current Provider Directory or for an up-to-date list visit us at <http://www.fhcp.com/members/findAProvider/providers.htm>.

Our customer service number is listed at the end of this introduction.

WHAT HAPPENS IF I GO TO A DOCTOR WHO'S NOT IN YOUR NETWORK?

You can go to doctors, specialists, or hospitals in or out of network. You may have to pay more for the services you receive outside the network, and you may have to follow special rules prior to getting services in and/or out of network. For more information, please call the customer service number at the end of this introduction.

DOES MY PLAN COVER MEDICARE PART B OR PART D DRUGS?

FHCP Medvantage (HMO-POS) does cover Medicare Part B prescription drugs. FHCP Medvantage (HMO-POS) does NOT cover Medicare Part D prescription drugs.

WHAT ARE MY PROTECTIONS IN THIS PLAN?

All Medicare Advantage Plans agree to stay in the program for a full year at a time. Each year, the plans decide whether to continue for another year. Even if a Medicare Advantage Plan leaves the program, you will not lose Medicare coverage. If a plan decides not to continue, it must send you a letter at least 60 days before your coverage will end. The letter will explain your options for Medicare coverage in your area.

As a member of FHCP, you have the right to request an organization determination, which includes the right to file an appeal if we deny coverage for an item or service, and the right to file a grievance. You have the right to request an organization determination if you want us to provide or pay for an item or service that you believe should be covered. If we deny coverage for your requested item or service, you have the right to appeal and ask us to review our decision. You may ask us for an expedited (fast) coverage determination or appeal if you believe that waiting for a decision could seriously put your life or health at risk, or affect your ability to regain maximum function. If your doctor makes or supports the expedited request, we must expedite our decision. Finally, you have the right to file a grievance with us if you have any type of problem with us or one of our network providers that does not involve coverage for an item or service. If your problem involves quality of care, you also have the right to file a grievance with the Quality Improvement Organization (QIO) for your state, Florida Medical Quality Assurance, Inc., (FMQAI) at 1-800-844-0795.

WHAT TYPES OF DRUGS MAY BE COVERED UNDER MEDICARE PART B?

Some outpatient prescription drugs may be covered under Medicare Part B. These may include, but are not limited to, the following types of drugs. Contact FHCP Medvantage (HMO-POS) for more details.

- **Some Antigens:** If they are prepared by a doctor and administered by a properly instructed person (who could be the patient) under doctor supervision.
- **Osteoporosis Drugs:** Injectable drugs for osteoporosis for certain women with Medicare.
- **Erythropoietin (Epoetin Alfa or Epogen®):** By injection if you have end-stage renal disease (permanent kidney failure requiring either dialysis or transplantation) and need this drug to treat anemia.
- **Hemophilia Clotting Factors:** Self-administered clotting factors if you have hemophilia.
- **Injectable Drugs:** Most injectable drugs administered incident to a physician's service.
- **Immunosuppressive Drugs:** Immunosuppressive drug therapy for transplant patients if the transplant was paid for by Medicare, or paid by a private insurance that paid as a primary payer to your Medicare Part A coverage, in a Medicare-certified facility.
- **Some Oral Cancer Drugs:** If the same drug is available in injectable form.
- **Oral Anti-Nausea Drugs:** If you are part of an anti-cancer chemotherapeutic regimen.
- **Inhalation and Infusion Drugs** provided through DME.

PLAN RATINGS

The Medicare program rates how well plans perform in different categories (for example, detecting and preventing illness, ratings from patients and customer service). If you have access to the web, you may use the web tools on *www.medicare.gov* and select “Compare Medicare Prescription Drug Plans” or “Compare Health Plans and Medigap Policies in Your Area” to compare the plan ratings for Medicare plans in your area. You can also call us directly at 1-877-615-4022 to obtain a copy of the plan ratings for this plan. TTY users call 1-877-260-8312.

Please call Florida Health Care Plan, Inc. for more information about FHCP Medvantage (HMO-POS).

Visit us at <http://www.fhcp.com/medicare/overview/overview.htm> or, call us:

Customer Service Hours:

Monday, Tuesday, Wednesday, Thursday, Friday, 8:00 a.m. - 5:00 p.m. Eastern

Current members should call toll-free (877)-615-4022 . (TTY/TDD (877)-260-8312)

Prospective members should call toll-free (800)-232-0578 . (TTY/TDD (877)-260-8312)

Current members should call locally (386)-615-4022 . (TTY/TDD (386)-615-4045)

Prospective members should call locally (386)-676-7110 . (TTY/TDD (386)-615-4045)

For more information about Medicare, please call Medicare at 1-800-MEDICARE (1-800-633-4227).

TTY users should call 1-877-486-2048. You can call 24 hours a day, 7 days a week.

Or, visit www.medicare.gov on the web.

If you have special needs, this document may be available in other formats.

SECTION II – SUMMARY OF BENEFITS

| BENEFIT | ORIGINAL MEDICARE | FHCP MEDVANTAGE (007) |
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IMPORTANT INFORMATION

1 – Premium and Other Important Information

- In 2010 the monthly Part B Premium is \$96.40 and the yearly Part B deductible amount is \$155.
- If a doctor or supplier does not accept assignment, their costs are often higher, which means you pay more.
- Most people will pay the standard monthly Part B premium. However, starting January 1, 2010, some people will pay a higher premium because of their yearly income (For 2010, this amount was \$85,000 for singles, \$170,000 for married couples.) For more information about Part B premiums based on income, call Social Security at 1-800-772-1213. TTY users should call 1-800-325-0778.

General

\$0 monthly plan premium in addition to your monthly Medicare Part B Premium

| BENEFIT | ORIGINAL MEDICARE | FHCP MEDVANTAGE (007) |
|---|---|---|
| <p>2 – Doctor and Hospital Choice (For more information, see Emergency - #15 and Urgently Needed Care - #16)</p> | <ul style="list-style-type: none"> ▪ You may go to any doctor, specialist or hospital that accepts Medicare. | <p>In-Network</p> <ul style="list-style-type: none"> ▪ You must go to network doctors, specialists, and hospitals. ▪ Referral required for network hospitals and specialists (for certain benefits). |
| INPATIENT CARE | | |
| <p>3 – Inpatient Hospital Care (includes substance Abuse and Rehabilitation Services)</p> | <ul style="list-style-type: none"> ▪ In 2010 the amounts for each benefit period are: <ul style="list-style-type: none"> – Days 1-60: \$1100 deductible – Days 61-90: \$275 per day – Days 91-150: \$550 per lifetime reserve day ▪ Call 1-800-MEDICARE (1-800-633-4227) for information about lifetime reserve days. ▪ Lifetime reserve days can only be used once. ▪ A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. | <p>In-Network</p> <ul style="list-style-type: none"> ▪ For Medicare-covered hospital stays: <ul style="list-style-type: none"> – Days 1-10: \$175 copay per day – Days 11-90: \$0 copay per day – \$0 copay for additional hospital days. ▪ No limit to the number of days covered by the plan each benefit period. ▪ Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. |
| <p>4 – Inpatient Mental Health Care</p> | <ul style="list-style-type: none"> ▪ Same deductible and copay as inpatient hospital care (see “Inpatient Hospital Care” above). ▪ 190 day lifetime limit in a Psychiatric Hospital | <p>In-Network</p> <ul style="list-style-type: none"> ▪ For Medicare-covered hospital stays: <ul style="list-style-type: none"> – Days 1-10: \$175 copay per day – Days 11-90: \$0 copay per day ▪ You get up to 190 days in a Psychiatric Hospital in a lifetime. ▪ Except in an emergency, your doctor must tell the plan that you are going to be admitted to the hospital. |

| BENEFIT | ORIGINAL MEDICARE | FHCP MEDVANTAGE (007) |
|---|--|--|
| <p>5 – Skilled Nursing Facility (in a Medicare-certified skilled nursing facility)</p> | <ul style="list-style-type: none"> ▪ In 2010 the amounts for each benefit period after at least a 3-day covered hospital stay were: <ul style="list-style-type: none"> –Days 1-20: \$0 per day –Days 21-100: \$137.50 per day ▪ 100 days for each benefit period. ▪ A “benefit period” starts the day you go into a hospital or skilled nursing facility. It ends when you go for 60 days in a row without hospital or skilled nursing care. If you go into the hospital after one benefit period has ended, a new benefit period begins. You must pay the inpatient hospital deductible for each benefit period. There is no limit to the number of benefit periods you can have. | <p>General Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> ▪ For SNF stays: <ul style="list-style-type: none"> – Days 1-7: \$0 copay per day – Days 8-65: \$50 copay per day – Days 66-100: \$0 copay per day ▪ Plan covers up to 100 days each benefit period. ▪ No prior hospital stay is required. |
| <p>6 – Home Health Care (includes medically necessary intermittent skilled nursing care, home health aide services, and rehabilitation services, etc.)</p> | <ul style="list-style-type: none"> ▪ \$0 copay | <p>General Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 copay for Medicare-covered home health visits. |
| <p>7 – Hospice</p> | <ul style="list-style-type: none"> ▪ You pay part of the cost for outpatient drugs and inpatient respite care. ▪ You must get care from a Medicare-certified hospice. | <p>General</p> <ul style="list-style-type: none"> ▪ You must get care from a Medicare-certified hospice. |

| BENEFIT | ORIGINAL MEDICARE | FHCP MEDVANTAGE (007) |
|---|--|--|
| OUTPATIENT CARE | | |
| 8 – Doctor Office Visits | <ul style="list-style-type: none"> ▪ 20% coinsurance | <p>General</p> <ul style="list-style-type: none"> ▪ See “Physical Exams,” for more information ▪ Authorization rules may apply. <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$10 copay for each primary care doctor visit for Medicare-covered benefits. ▪ \$35 copay for each in-area network urgent care Medicare-covered visit. ▪ \$35 copay for each specialist visit for Medicare-covered benefits. |
| 9 – Chiropractic Services | <ul style="list-style-type: none"> ▪ Routine care not covered ▪ 20% coinsurance for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint of body part) if you get it from a chiropractor or other qualified providers. | <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$20 copay for each Medicare-covered visits. ▪ Medicare-covered chiropractic visits are for manual manipulation of the spine to correct subluxation (a displacement or misalignment of a joint of body part) if you get it from a chiropractor or other qualified providers. |
| 10 – Podiatry Services | <ul style="list-style-type: none"> ▪ Routine care not covered. ▪ 20% coinsurance for medically necessary foot care, including care for medical conditions affecting the lower limbs. | <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$35 copay for each Medicare-covered visit. ▪ Medicare-covered podiatry benefits are for medically-necessary foot care. |
| 11 – Outpatient Mental Health Care | <ul style="list-style-type: none"> ▪ 45% coinsurance for most outpatient mental health services. | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$35 copay for each Medicare-covered individual or group therapy visit. |
| 12 – Outpatient Substance Abuse Care | <ul style="list-style-type: none"> ▪ 20% coinsurance | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$35 copay for each Medicare-covered individual or group therapy visit. |
| 13 – Outpatient Services/Surgery | <ul style="list-style-type: none"> ▪ 20% coinsurance for the doctor ▪ 20% of outpatient facility charges | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$100 copay for each Medicare-covered ambulatory surgical center visit. ▪ \$0 to \$175 copay for each Medicare-covered outpatient hospital facility visit. |

| BENEFIT | ORIGINAL MEDICARE | FHCP MEDVANTAGE (007) |
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| 14 – Ambulance Services (medically necessary ambulance services) | <ul style="list-style-type: none"> ▪ 20% coinsurance | In-Network <ul style="list-style-type: none"> ▪ \$100 copay for Medicare-covered ambulance benefits. |
| 15 – Emergency Care (You may go to any emergency room if you reasonably believe you need emergency care.) | <ul style="list-style-type: none"> ▪ 20% coinsurance for the doctor ▪ 20% of the facility charges, or a set copay per emergency room visit ▪ You don't have to pay the emergency room copay if you are admitted to the hospital for the same condition within 3 days of the emergency room visit. ▪ NOT covered outside the U.S. except under limited circumstances. | In-Network <ul style="list-style-type: none"> ▪ \$50 copay for Medicare-covered emergency room visits. ▪ Worldwide coverage. ▪ If you are admitted to the hospital within 24-hour(s) for the same condition, you pay \$0 for the emergency room visit. |
| 16 – Urgently Needed Care (This is NOT emergency care, and in most cases, is out of the service area.) | <ul style="list-style-type: none"> ▪ 20% coinsurance, or a set copay ▪ NOT covered outside the U.S. except under limited circumstances | General \$35 copay for Medicare-covered urgently needed care visits. |
| 17 – Outpatient Rehabilitation Services (Occupational Therapy, Physical Therapy, Speech and Language Therapy) | <ul style="list-style-type: none"> ▪ 20% coinsurance | General Authorization rules may apply. In-Network <ul style="list-style-type: none"> ▪ \$35 to \$150 copay for Medicare-covered Occupational Therapy visits ▪ \$35 to \$150 copay for Medicare-covered Physical and/or Speech/Language Therapy visits. |
| OUTPATIENT MEDICAL SERVICES AND SUPPLIES | | |
| 18 – Durable Medical Equipment (includes wheelchairs, oxygen, etc.) | <ul style="list-style-type: none"> ▪ 20% coinsurance | General Authorization rules may apply. In-Network <ul style="list-style-type: none"> ▪ 15% of the cost for Medicare-covered items. |
| 19 – Prosthetic Devices (includes braces, artificial limbs and eyes, etc.) | <ul style="list-style-type: none"> ▪ 20% coinsurance | General Authorization rules may apply. In-Network <ul style="list-style-type: none"> ▪ 15% of the cost for Medicare-covered items. |

| BENEFIT | ORIGINAL MEDICARE | FHCP MEDVANTAGE (007) |
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| <p>20 – Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies (includes coverage for glucose monitors, test strips, lancets, screening tests, and self-management training)</p> | <ul style="list-style-type: none"> ▪ 20% coinsurance ▪ Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. | <p>General Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 to \$35 copay for Diabetes self-monitoring training. ▪ \$0 to \$35 copay for Nutrition Therapy for Diabetes. ▪ \$0 to \$10 copay for Diabetes supplies. ▪ Separate Office Visit cost sharing of \$10 to \$35 copay may apply. |
| <p>21 – Diagnostic Tests, X-Rays, and Lab Services</p> | <ul style="list-style-type: none"> ▪ 20% coinsurance for diagnostic tests and x-rays ▪ \$0 copay for Medicare-covered lab services. ▪ Lab Services: Medicare covers medically necessary diagnostic lab services that are ordered by your treating doctor when they are provided by a Clinical Laboratory Improvement Amendments (CLIA) certified laboratory that participates in Medicare. Diagnostic lab services are done to help your doctor diagnose or rule out a suspected illness or condition. Medicare does not cover most routine screening tests, like checking your cholesterol | <p>General Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 copay for Medicare-covered lab services. ▪ \$0 copay for Medicare-covered diagnostic procedures and tests. ▪ \$10 to \$25 copay for Medicare-covered X-rays. ▪ \$10 to \$150 copay for Medicare-covered diagnostic radiology services. ▪ \$10 to \$25 copay for Medicare-covered therapeutic radiology services. ▪ Separate Office Visit cost sharing of \$10 to \$35 copay may apply. |
| PREVENTIVE SERVICES | | |
| <p>22 – Bone Mass Measurement (for people with Medicare who are at risk)</p> | <ul style="list-style-type: none"> ▪ 20% coinsurance ▪ Covered once every 24 months (more often if medically necessary) if you meet certain medical conditions. | <p>General Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 to \$35 copay for Medicare-covered bone mass measurement. |
| <p>23 – Colorectal Screening Exams (for people with Medicare age 50 and older)</p> | <ul style="list-style-type: none"> ▪ 20% coinsurance ▪ Covered when you are high risk or when you are age 50 and older. | <p>General Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$35 to \$150 copay for Medicare-covered colorectal screenings. ▪ Separate Office Visit cost sharing of \$10 to \$35 copay may apply. |

| BENEFIT | ORIGINAL MEDICARE | FHCP MEDVANTAGE (007) |
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| <p>24 – Immunizations (Flu vaccine, Hepatitis B vaccine – for people with Medicare who are at risk, Pneumonia vaccine)</p> | <ul style="list-style-type: none"> ▪ \$0 copay for Flu and Pneumonia vaccines. ▪ 20% coinsurance for Hepatitis B vaccine. ▪ You may only need the Pneumonia vaccine once in your lifetime. Call your doctor for more information. | <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 copay for Flu and Pneumonia vaccines. ▪ \$0 copay for Hepatitis B vaccine. ▪ No referral needed for Flu and Pneumonia vaccines. |
| <p>25 – Mammograms (Annual Screening)</p> <p>(for women with Medicare age 40 and older)</p> | <ul style="list-style-type: none"> ▪ 20% coinsurance ▪ No referral needed ▪ Covered once a year for all women with Medicare age 40 and older. Once baseline mammogram covered for women with Medicare between age 35 and 39. | <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 to \$45 copay for Medicare-covered screening mammograms. |
| <p>26 – Pap Smears and Pelvic Exams (for women with Medicare)</p> | <ul style="list-style-type: none"> ▪ \$0 copay for Pap smears. ▪ Covered once every 2 years. Covered once a year for women with Medicare at high risk. ▪ 20% coinsurance for Pelvic Exams | <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 copay for Medicare-covered pap smears and pelvic exams. ▪ Separate Office Visit cost sharing of \$10 to \$35 copay may apply. |
| <p>27 – Prostate Cancer Screening Exams (for men with Medicare age 50 and older)</p> | <ul style="list-style-type: none"> ▪ 20% coinsurance for the digital rectal exam. ▪ \$0 for the PSA test; 20% coinsurance for other related services. ▪ Covered once a year for all men with Medicare over age 50 | <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 copay for Medicare-covered prostate cancer screening. ▪ Separate Office Visit cost sharing of \$10 to \$35 copay may apply. |
| <p>28 – End-Stage Renal Disease</p> | <ul style="list-style-type: none"> ▪ 20% coinsurance for renal dialysis. ▪ 20% coinsurance for Nutrition Therapy for End-Stage Renal Disease ▪ Nutrition therapy is for people who have diabetes or kidney disease (but aren't on dialysis or haven't had a kidney transplant) when referred by a doctor. These services can be given by a registered dietitian or include a nutritional assessment and counseling to help you manage your diabetes or kidney disease. | <p>General Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 copay for renal dialysis ▪ \$0 to \$35 copay for Nutrition Therapy for End-Stage Renal Disease. |

| BENEFIT | ORIGINAL MEDICARE | FHCP MEDVANTAGE (007) |
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| 29 – Prescription Drugs | <ul style="list-style-type: none"> ▪ Most drugs are not covered under Original Medicare. You can add prescription drug coverage to Original Medicare by joining a Medicare Prescription Drug Plan, or you can get all your Medicare coverage, including prescription drug coverage, by joining a Medicare Advantage Plan or a Medicare Cost Plan that offers prescription drug coverage. | <p>DRUGS COVERED UNDER MEDICARE PART B</p> <p>General</p> <ul style="list-style-type: none"> ▪ 20% of the cost for Part B-covered chemotherapy drugs and other Part B-covered drugs. <p>DRUGS COVERED UNDER MEDICARE PART D</p> <p>General</p> <p>This plan does not offer prescription drug coverage.</p> <p>General</p> <p>Most drugs not covered.</p> |
| 30 – Dental Services | <ul style="list-style-type: none"> ▪ Preventive dental services (such as cleaning) not covered. | <p>General</p> <p>Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 copay for Medicare-covered dental benefits. ▪ In general, preventive dental benefits (such as cleaning) not covered. |
| 31 – Hearing Services | <ul style="list-style-type: none"> ▪ Routine hearing exams and hearing aids not covered. ▪ 20% coinsurance for diagnostic hearing exams. | <p>In-Network</p> <ul style="list-style-type: none"> ▪ Hearing aids not covered. ▪ \$0 copay for Medicare-covered diagnostic hearing exams. ▪ \$0 copay for <ul style="list-style-type: none"> - up to 1 routine hearing tests every year. - up to 1 fitting-evaluations for a hearing aid every year. |
| 32 – Vision Services | <ul style="list-style-type: none"> ▪ 20% coinsurance for diagnosis and treatment of diseases and conditions of the eye. ▪ Routine eye exams and glasses not covered. ▪ Medicare pays for one pair of eyeglasses or contact lenses after cataract surgery. ▪ Annual glaucoma screenings covered for people at risk. | <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 copay for <ul style="list-style-type: none"> – one pair of eyeglasses or contact lenses after cataract surgery – up to 1 pair(s) of glasses every two years ▪ \$15 to \$35 copay for exams to diagnose and treat diseases and conditions of the eye. ▪ \$15 copay for up to 1 routine eye exam(s) every year. |

| BENEFIT | ORIGINAL MEDICARE | FHCP MEDVANTAGE (007) |
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| 33 – Physical Exams | <ul style="list-style-type: none"> ▪ 20% coinsurance for one exam within the first 12 months of your new Medicare Part B coverage. ▪ When you get Medicare Part B, you can get a one time physical exam within the first 12 months of your new Part B coverage. The coverage does not include lab tests. | <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$10 copay for routine exams. ▪ Limited to 1 exam(s) every year. ▪ \$10 copay for Medicare-covered benefits. |
| Health/Wellness Education | <ul style="list-style-type: none"> ▪ Smoking Cessation: Covered if ordered by your doctor. Includes two counseling attempts within a 12-month period if you are diagnosed with a smoking-related illness or are taking medicine that may be affected by tobacco. Each counseling attempt includes up to four face-to-face visits. You pay coinsurance, and Part B deductible applies. | <p>General Authorization rules may apply.</p> <p>In-Network This plan covers the following health/wellness education benefits:</p> <ul style="list-style-type: none"> – Written health education materials, including Newsletters – Nutritional Training – Additional Smoking Cessation – Health Club Membership/Fitness Classes – Other Wellness Benefits <p>\$0 copay for each Medicare-covered smoking cessation counseling session.</p> |
| Transportation (Routine) | <ul style="list-style-type: none"> ▪ Not Covered | <p>General Authorization rules may apply.</p> <p>In-Network</p> <ul style="list-style-type: none"> ▪ \$0 copay for each round trip to plan-approved location. |
| Acupuncture | <ul style="list-style-type: none"> ▪ Not Covered | <p>In-Network This plan does not cover Acupuncture.</p> |

| BENEFIT | ORIGINAL MEDICARE | FHCP MEDVANTAGE (007) |
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| OPTIONAL SUPPLEMENTAL BENEFITS | | |
| <i>OPTIONAL SUPPLEMENTAL PACKAGE #1</i> | | |
| Premium and Other Important Information | | General Package: 1 – Optional Point of Service Benefit: \$37 monthly premium, in addition to your \$0 monthly plan premium and the monthly Medicare Part B premium, for the following optional benefits: <ul style="list-style-type: none"> - Inpatient Hospital Care - Inpatient Mental Health Care - Skilled Nursing Facility - Home Health Care - Doctor Office Visits - Outpatient Mental Health Care - Outpatient Substance Abuse Care - Outpatient Services/Surgery - Ambulance Services - Emergency Care - Urgently Needed Care - Outpatient Rehabilitation Services - Durable Medical Equipment - Prosthetic Devices - Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies - Bone Mass Measurement - Colorectal Screening Exam - Immunizations - Mammograms (Annual Screenings) - Pap Smears and Pelvic Exams - Prostate Cancer Screening Exams - End-Stage Renal Disease - Physical Exams - Health/Wellness Education - Comprehensive Outpatient Rehabilitation Facility (CORF) - Partial Hospitalization - Other Health Care Professional - Diagnostic Procedures/Test/Lab Benefits - Diagnostic/Therapeutic Radiological Services - Cardiac Rehabilitation Services - Blood - Nutrition Therapy for Diabetes and Renal Disease |
| Point of Service | | Out-of-Network Optional POS benefits are available. Contact the plan for details. |

SECTION III

This section further explains some of the benefits of your plan. To get a complete list of benefits, limitations, and exclusions call Florida Health Care Plans and ask for the "Evidence of Coverage."

INPATIENT CARE

3 – *Inpatient Hospital Care; and*

4 – *Inpatient Mental Health Care*

You pay the copayments shown in Section II each time you're admitted to a hospital, no matter how many days have passed since your last admission.

5—*Skilled Nursing Facility (SNF)*

When admitted to a Skilled Nursing Facility, you're covered for skilled care as defined by Original Medicare guidelines. Your plan does not cover custodial care. FHCP follows Original Medicare guidelines in determining authorization for skilled nursing facility services.

OUTPATIENT CARE

8 - *Doctor Office Visits*

You pay:

- \$10 copay at an in-network Primary Care Provider
- \$35 copay at an in-network Walk-in or Urgent Care Center
- \$35 copay at an in-network Specialist
- A copay will apply for No-show PCP or Specialist visits.
- Drugs covered under Medicare Part B, generic or brand-name, will require a 20% coinsurance.

13—*Outpatient Services/Surgery*

For Medicare-covered **outpatient services** received, you pay:

- \$35 copay per visit for Cardiac Rehab
- \$175 copay per stay for 23-Hour Observation Stay
- \$150 copay per visit for Surgical Services
- \$150 copay per visit for Other Interventional Services (examples: Cardiac Cath., Angioplasties, Vascular and Arterial Studies, and Other Cardiac procedures/studies)
- \$35 copay per visit at an in-network Specialist's office for a Sleep Study
- \$150 copay per visit at an in-network Hospital, as an outpatient for a Sleep Study

For Medicare-covered **Ambulatory Surgical Center** services (free-standing facility), you pay:

- \$100 copay per visit

16 – *Urgently Needed Care*

- Urgently needed services are available world-wide.

17—*Outpatient Rehabilitation Services*

- \$35 copay at an in-network rehab facility
- \$150 copay at an in-network hospital facility as an outpatient

OUTPATIENT MEDICAL SERVICES AND SUPPLIES

20 - *Diabetes Self-Monitoring Training and Supplies*

For Medicare-covered Diabetes Monitoring supplies, you pay:

- \$10 for 50 test strips/sensors.
- \$10 for lancets.
- \$0 for Glucometer.

For Medicare-covered Diabetes Monitoring, you pay:

- \$0 for Diabetes outpatient self-management training (through FHCP clinical staff by appointment only). Additional office visit copay may apply.
- \$10 per visit with your in-network PCP office visit.
- \$15 per visit with an in-network Endocrinologist.
- \$35 per visit for all other Specialist office visits.

For Medicare-covered Nutrition Therapy, you pay:

- \$0 copay per visit at an FHCP facility (through FHCP clinical staff by appointment only).
- \$10 copay per visit at your PCP office.
- \$35 copay per visit at an in-network specialist's office or in-network hospital facility, as an outpatient.

21 - Diagnostic Test, X-rays, and Lab Services

For Medicare-covered Lab services, you pay:

- \$0 copay per visit.

For Medicare-covered diagnostic Procedure and Test, you pay:

- \$0 copay per visit.

For Medicare-covered X-rays, you pay:

- \$10 copay per visit at an in-network FHCP contract facility or physician's office, additional office visit copay may apply
- \$25 per visit at an in-network hospital facility as an outpatient.

For Medicare-covered diagnostic radiology services, you pay:

- \$10 copay per visit at an in-network FHCP contract facility or physician's office, additional office visit copay may apply.
- \$25 copay per visit at an in-network hospital facility as an outpatient.
- \$25 copay per visit for a diagnostic ultrasound, regardless of service location.
- \$100 copay per visit for Advanced Imaging (MRI, MRA, Pet Scan, CT Scan, CTA) and Nuclear Medicine, regardless of service location.
- \$150 copay per visit for Interventional services, regardless of service location.

For Medicare-covered therapeutic radiology service, you pay:

- \$10 copay per visit at an in-network FHCP contract facility or physician's office, additional office visit copay will apply.
- \$25 copay per visit at an in-network hospital facility as an outpatient, additional office visit copay will apply.

PREVENTIVE SERVICES

22 — Bone Mass Measurement

For a Medicare-covered Bone Mass Measurement, you pay:

- \$0 copay per visit at an in-network free-standing radiology facility.
- \$35 copay per visit at an in-network hospital facility as an outpatient.

23 — Colorectal Screening Exams

For a Medicare-covered Colorectal Screening, you pay:

- \$50 copay per visit for a colonoscopy at an in-network GI lab or other non-hospital location.
- \$100 copay per visit for a colonoscopy at an in-network ambulatory surgical center.
- \$150 copay per visit for a colonoscopy at an in-network hospital facility, as an outpatient.

25 — Mammograms (Annual Screenings)

For a Medicare-covered screening mammogram, you pay

- \$0 copay per visit for a screening mammogram at an in-network free-standing radiology facility.
- \$25 copay per visit for a screening mammogram at an in-network hospital facility as an outpatient.

For a Medicare-covered diagnostic mammogram, you pay:

- \$25 copay per visit for a diagnostic mammogram at an in-network free-standing radiology facility
- \$45 copay per visit for a diagnostic mammogram at an in-network hospital facility as an outpatient.

26 - Pap Smears and Pelvic Exams

You pay:

- \$0 copay for Medicare-covered Pap Smears and Pelvic Exams; however, an office visit copay will apply.
- \$10 copay when a pap/pelvic is performed by a PCP.
- \$35 copay when a pap/pelvic is performed by a Specialist.

27 - Prostate Cancer Screening Exams

You pay:

- \$0 copay for Medicare-covered Prostate Cancer Screening exams; however, an office visit copay will apply.
- \$10 copay when a prostate cancer screening exam is performed by a PCP.
- \$35 copay when a prostate cancer screening exam is performed by a Specialist.

PREVENTIVE SERVICES, continued

28 – *ESRD*

For Medicare-covered Renal Dialysis, you pay:

- Medicare Part B drugs when administered in a Dialysis Center require a 20% coinsurance.
- Out-of-area Renal Dialysis is covered only when you are traveling outside of FHCP's service area.

29 - *Outpatient Prescription Drugs*

- Medicare Part B drugs are available at FHCP In-Network Preferred pharmacies only, up to a 31-day supply, or when administered by an in-network physician or an out-of-network physician.

32 - *Vision Services*

You pay:

- \$15 for a Medicare-covered eye exam by an optometrist.
- \$35 for a Medicare-covered eye exam by an ophthalmologist, referral required.
- You are covered up to a \$90 credit toward the purchase of eyeglasses from a participating Optometrist every two years.

33 – *Physical Exams*

You pay:

- \$10 for the Medicare-covered initial preventive physical exam.
- \$10 when a routine physical exam is performed by your PCP.
- \$30 when a routine physical exam is performed by your specialist.

Transportation (Routine)

- Non-emergency transportation is provided when requested by an affiliated provider and approved by Florida Health Care Plan.

HEALTH AND WELLNESS EDUCATION

FHCP'S PREFERRED FITNESS PROGRAM

FHCP offers a Preferred Fitness Program at no cost to you. The "Preferred Fitness Program" is a total health and fitness program designed to improve the health and well-being of Medicare beneficiaries of all levels of fitness. Your membership include:

- **Access to participating full-service fitness centers** in the Volusia/Flagler county areas. While each center may offer different services, you will have a variety of options to choose from.
- **Yearly Personal Health Analysis (Optional)** – a personal report that will give you information about your major health risks, your healthy habits, and habits you might change to reduce your risks.
- **Fitness Evaluation (Optional)** every 6 months by an Exercise Physiologist or a Physical Therapist upon enrollment into the Preferred Fitness program. They will develop a personalized exercise prescription based upon your fitness evaluation.

The Preferred Fitness Program offers

- Automatic enrollment with FHCP Medicare membership;
- No initiation or contract fee;
- Contact person for information and personalized, friendly service;
- Membership in a participating fitness center near you; and
- A great opportunity to improve your health, reduce your risk of future disease, feel better, increase your energy, and meet new friends!

QUITSMART STOP SMOKING PROGRAM

QuitSmart is a stop smoking program offered by FHCP at many of our facilities. This program features three bi-weekly sessions, each approximately two hours in length. The cost is \$130 (FHCP will pay a one time fee of \$110; member to pay \$20 supply fee). To register for one of these sessions call 1-800-232-0578.

OPTIONAL SUPPLEMENTAL POINT OF SERVICE BENEFIT

Optional Supplemental Point of Service (POS) Benefit

Medvantage Rx - You pay \$37 each month, in addition to your monthly plan premium of \$0 and the Medicare Part B premium.

If you elect to add the Optional Point of Service benefit to your plan then you may choose to see any provider or utilize any facility that accepts Medicare assignment or contracted HMO provider without a referral.

The Optional Point of Service benefit is “Open Access” meaning you do not need a referral to see a specialist; therefore, if you need specialized treatment you may see the specialist of your choice without a referral. **Please keep in mind that the Optional Point of Service benefit is limited to providers and facilities that accept Medicare assignment outside of FHCP’s network and contracted HMO participating providers or facilities, without a referral.** When you receive services under the Optional Point of Service benefit you are responsible for the following copayments/coinsurance. Coinsurance is based on the Medicare Fee Schedule in effect at the time of service.

| Optional Supplemental Point of Service Benefit | |
|--|---|
| Inpatient Hospital - Acute | You pay: <ul style="list-style-type: none"> • \$200 each day for day(s) 1-10 • \$0 each day beginning on day 11 |
| Inpatient Psychiatric Hospital | You pay: <ul style="list-style-type: none"> • \$200 each day for day(s) 1-10 • \$0 each day beginning on day 11 |
| Skilled Nursing Facility Home Health Care Doctor Office Visits Outpatient Mental Health Care Outpatient Substance Abuse Care Outpatient Services/Surgery Ambulance Services Emergency Care Urgently Needed Care Outpatient Rehabilitation Services Durable Medical Equipment Prosthetic Devices Diabetes Self-Monitoring Training, Nutrition Therapy, and Supplies Bone Mass Measurement Colorectal Screening Exam Immunizations Mammograms (Annual Screenings) Pap Smears and Pelvic Exams Prostate Cancer Screening Exams End-Stage Renal Disease Physical Exams Health/Wellness Education Comprehensive Outpatient Rehabilitation Facility (CORF) Partial Hospitalization Other Health Care Professional Diagnostic Procedures/Test/Lab Benefits Diagnostic/Therapeutic Radiological Services Cardiac Rehabilitation Services Blood Nutrition Therapy for Diabetes and Renal Disease | You pay: <ul style="list-style-type: none"> • 20% coinsurance |
| Medicare Part B drugs | You pay: <ul style="list-style-type: none"> • 20% coinsurance |

OTHER PLAN INFORMATION

WHAT IS EMERGENCY/URGENTLY NEEDED CARE?

Emergency Services - means covered inpatient or outpatient services that are: (a) furnished by a provider qualified to furnish emergency services; and (b) needed to evaluate or stabilize an emergency medical condition.

Urgently Needed Services - means covered services provided when an enrollee is temporarily absent from the plan's service area (or, under unusual and extraordinary circumstances, provided when the enrollee is in the service area but the plan's provider network is temporarily unavailable or inaccessible) when such services are medically necessary and immediately required: (a) as a result of an unforeseen illness, injury, or condition; and (b) it was not reasonable given the circumstances to obtain the services through the health plan.

This document is available in large print.

LOCK-IN

You must use plan providers except in emergent or urgent care situations, or for out-of-area renal dialysis. If you obtain routine care from out-of-network plan providers, neither Medicare nor Florida Health Care Plans will be responsible for the costs, unless you choose the Optional Point of Service benefit.

ONLINE ENROLLMENT CENTER

Medicare beneficiaries may enroll in Florida Health Care Plans through the Centers for Medicare & Medicaid Services Online Enrollment Center, located at www.medicare.gov. For more information contact Florida Health Care Plans at the number listed on the back.

FOR MORE INFORMATION

For more information about Florida Health Care Plans please call:

VOLUSIA COUNTY
386-676-7110 or 1-800-232-0578
(TTY/TDD #386-615-4045 or 1-877-260-8312)

FLAGLER COUNTY
386-446-9802
(TTY/TDD #386-615-4045 or 1-877-260-8312)

Monday through Friday, 8 a.m. to 5 p.m.



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