

2018 Summary of Benefits

BlueMedicare Complete (HMO SNP) H1026-065,066

Orange and Polk



HMO coverage is offered by Health Options, Inc., DBA Florida Blue HMO, an affiliate of Blue Cross and Blue Shield of Florida, Inc. These companies are Independent Licensees of the Blue Cross and Blue Shield Association.

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

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BlueMedicare Complete (HMO SNP) Summary of Benefits

January 1, 2018 - December 31, 2018

This booklet provides a summary of what BlueMedicare Complete (HMO SNP) plans cover. It also explains what you pay for covered services and supplies. To get a complete list of services we cover, contact your local agent or call our Customer Service Department. You may also view the "Evidence of Coverage" for these plans on our website, www.BlueMedicareFL.com. The Evidence of Coverage includes a complete list of services we cover.

Things to Know About BlueMedicare Complete (HMO SNP) Plans

Eligibility requirements

To join these plans, you must:

- be entitled to Medicare Part A; and
- be enrolled in Medicare Part B;
- live in our service area; and
- receive certain levels of assistance from the Florida Medical Assistance Program (Medicaid). If you receive both Medicare and Medicaid benefits, this means you are a dual eligible.

Our service area includes the following counties in Florida: Orange (H1026-065) and Polk (H1026-066).

BlueMedicare Complete (HMO SNP) may enroll dual eligibles who are SMLB, SLMB Plus, QMB, QMB Plus, FBDE, QI and QDWI.

NOTE: You cannot be enrolled in both a Medicaid Managed Care plan and a DSNP plan in Florida. For members protected by the State Medicaid Program from cost sharing, Medicaid pays coinsurance, copays and deductibles for Original Medicare covered services.

Which doctors, hospitals and pharmacies can I use?

We have a network of doctors, hospitals and other providers. In most cases, you must receive care from network providers. Your plan generally does not cover care you receive from out-of-network providers. There are three exceptions to this requirement:

- We cover emergency care and urgently needed services you receive from out-of-network providers.
- If providers in our network cannot provide a type of Medicare-covered care you need, we will cover the care if you receive it from an out-of-network provider. You must receive approval from our plan before seeking care from an out-of-network provider in this situation.
- We will cover care you receive at a Medicare-certified dialysis facility when you are temporarily not in our service area.

In most situations, you must use our network pharmacies to fill your prescriptions for covered Part D drugs. You can also use mail order to have your prescription delivered to your home.

Find doctors, pharmacies and our comprehensive formulary (list of covered Part D drugs) on our website, www.BlueMedicareFL.com.

What do we cover?

Our plan includes *all* of the benefits covered by Original Medicare. For some of these benefits, you may pay more in our plan than you would in Original Medicare. For others, you may pay less. Our plan members also get *more than what is covered* by Original Medicare. Some of the extra benefits are outlined in this booklet. We cover Part D drugs. In addition, we cover Part B drugs, such as chemotherapy and certain other drugs your doctor gives you.

Hours of Operation

From October 1 to February 14 we're open 8 a.m. – 8 p.m. local time, 7 days a week.

From February 15 to September 30 we're open 8 a.m. – 8 p.m. local time, Monday through Friday.

Phone Numbers and Websites

1-855-601-9465 TTY users: Call 1-800-955-8770

Our website: **www.BlueMedicareFL.com**

For the most current Florida Medicaid coverage information, please visit the Florida Medicaid website at **<http://ahca.myflorida.com/>** or call the Medicaid Hotline at 1-888-419-3456.

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

This document is available in other formats such as Braille and large print.

This information is available for free in other languages. Please call our Member Services number at 1-800-926-6565. (TTY users should call 1-800-955-8770.) Hours are 8:00 a.m. – 8:00 p.m. local time, seven days a week from October 1 to February 14, except for Thanksgiving and Christmas. From February 15 to September 30, we are open Monday - Friday, 8:00 a.m. – 8:00 p.m., local time.

Esta información está disponible de manera gratuita en otros idiomas. Comuníquese con Atención al cliente al 1-800-926-6565. (Usuarios de equipo teleescritor TTY llamen al 1-877-955-8773.) Estamos abiertos de 8:00 a.m. a 8:00 p.m. hora local los siete días de la semana, desde el 1 de octubre hasta el 14 de febrero, excepto el día de Acción de Gracias (Thanksgiving) y el día de Navidad. Desde el 15 de febrero al 30 de septiembre, estamos abiertos de lunes a viernes de 8:00 a.m. a 8:00 p.m. hora local.

Florida Blue HMO is an HMO plan with a Medicare contract and a contract with the Florida Agency for Health Care Administration (AHCA) Medicaid Program. Enrollment in Florida Blue HMO depends on contract renewal.

This information is not a complete description of benefits. Contact the plan for more information. Limitations, copayments, and restrictions may apply. Benefits, premiums and/or copayments/coinsurance may change on January 1 of each year.

You must continue to pay your Medicare Part B premium. If you meet certain eligibility requirements for both Medicare and Medicaid, your Part B premiums may be covered in full.

Premiums, copays, coinsurance and deductibles may vary based on the level of Extra Help you receive. Please contact Florida Blue HMO for details.

The formulary and/or pharmacy network and/or provider network may change at any time. You will receive notice when necessary.

Monthly Premium, Deductible and Limits

	BlueMedicare Complete (HMO SNP) Orange County	BlueMedicare Complete (HMO SNP) Polk County
Monthly Plan Premium	The plan premium is \$29.10 per month. Depending on your level of assistance, you may not pay a monthly plan premium. You must continue to pay your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party).	The plan premium is \$29.10 per month. Depending on your level of assistance, you may not pay a monthly plan premium. You must continue to pay your Medicare Part B premium (unless your Part B premium is paid for you by Medicaid or another third party).
Deductible	This plan does not have a deductible.	This plan does not have a deductible.
Maximum Out-of-Pocket Responsibility <i>(does not include prescription drugs)</i>	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> \$6,700 for services from in-network providers. If you reach the limit on out-of-pocket costs, we will pay the full cost of covered medical services and supplies for the rest of the year.	Your yearly limit(s) in this plan: <ul style="list-style-type: none"> \$6,700 for services from in-network providers. If you reach the limit on out-of-pocket costs, we will pay the full cost of covered medical services and supplies for the rest of the year.

Covered Medical and Hospital Benefits

The benefit chart below shows the benefits you will receive from Florida Blue and how Medicaid covers your cost sharing for those plan benefits. The chart also lists some benefits you could receive from Medicaid if you are eligible for full Medicaid benefits. If you are entitled to Medicare benefits, your care coordinator will work with you to assist you in understanding and accessing the Medicare and Medicaid benefits you may be entitled to.

Premiums and Benefits	BlueMedicare Complete (HMO SNP) Orange County	BlueMedicare Complete (HMO SNP) Polk County	Traditional Florida Medicaid (Medicaid Managed Care plan benefits may be different)
Inpatient Hospital Coverage <i>Under BlueMedicare Complete Prior Authorization is required for non-emergency Inpatient Hospital stays.</i>	You pay nothing	You pay nothing	\$0 copay per admission for Medicaid-covered services.

Services marked with a ¹ may require approval in advance (a referral) from your Primary Care Provider (PCP) in order for the plan to cover them. If you do not get a referral for these services, you may have to pay the full cost of them.

Premiums and Benefits	BlueMedicare Complete (HMO SNP) Orange County	BlueMedicare Complete (HMO SNP) Polk County	Traditional Florida Medicaid (Medicaid Managed Care plan benefits may be different)
Outpatient Hospital Coverage <i>Under BlueMedicare Complete Prior Authorization may be required. Please contact the plan for details.</i>	\$0 copay	\$0 copay	\$3 copayment, per visit, if not exempt from cost sharing.
Doctor Visits	You pay nothing per primary visit You pay nothing per specialist ¹ visit	You pay nothing per primary visit You pay nothing per specialist ¹ visit	\$2 copayment per provider or group provider, per day, if not exempt from cost sharing. \$3 copayment for practitioner services provided at a Rural Health Center (RHC) or Federally Qualified Health Center (FQHC) only, per clinic, per day, if not exempt from cost sharing.
Preventive Care You pay nothing. Covered preventive services include: <ul style="list-style-type: none"> • Alcohol misuse screening and counseling • Annual “Wellness” visit • Bone mass measurements • Cardiovascular disease screening tests • Colorectal cancer screening • Counseling to prevent Tobacco use • Depression screening • Diabetes screening • Diabetes self-management training Preventive Care <ul style="list-style-type: none"> • Glaucoma screening 	You pay nothing. Covered preventive services include: <ul style="list-style-type: none"> • Alcohol misuse screening and counseling • Annual “Wellness” visit • Bone mass measurements • Cardiovascular disease screening tests • Colorectal cancer screening • Counseling to prevent Tobacco use • Depression screening • Diabetes screening • Diabetes self-management training <ul style="list-style-type: none"> • Glaucoma screening 	You pay nothing. Covered preventive services include: <ul style="list-style-type: none"> • Alcohol misuse screening and counseling • Annual “Wellness” visit • Bone mass measurements • Cardiovascular disease screening tests • Colorectal cancer screening • Counseling to prevent Tobacco use • Depression screening • Diabetes screening • Diabetes self-management training <ul style="list-style-type: none"> • Glaucoma screening 	\$3 copayment for covered preventive screenings provided at a Rural Health Center (RHC) or Federally Qualified Health Center (FQHC) only, per clinic, per day, if not exempt from cost sharing.

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Premiums and Benefits	BlueMedicare Complete (HMO SNP) Orange County	BlueMedicare Complete (HMO SNP) Polk County	Traditional Florida Medicaid (Medicaid Managed Care plan benefits may be different)
(continued)	<ul style="list-style-type: none"> • Hepatitis B Virus screening • Hepatitis B Virus vaccine and administration • Hepatitis C Virus screening • Human Immunodeficiency Virus screening • Influenza virus vaccine and administration • Initial preventive physical examination • Intensive behavioral therapy for cardiovascular disease • Intensive behavioral therapy for obesity • Lung cancer screening • Medical nutrition therapy • Pneumococcal vaccine and administration • Prostate cancer screening • Screening for Cervical Cancer with human Papillomavirus tests • Screening for sexually transmitted infections (STIs) and HIBC to prevent STIs • Screening mammography • Screening pap tests • Screening pelvic examinations • Ultrasound screening abdominal aortic aneurysm <p>Any additional preventive services approved by Medicare during the contract year will be covered by our plan or original Medicare.</p>	<ul style="list-style-type: none"> • Hepatitis B Virus screening • Hepatitis B Virus vaccine and administration • Hepatitis C Virus screening • Human Immunodeficiency Virus screening • Influenza virus vaccine and administration • Initial preventive physical examination • Intensive behavioral therapy for cardiovascular disease • Intensive behavioral therapy for obesity • Lung cancer screening • Medical nutrition therapy • Pneumococcal vaccine and administration • Prostate cancer screening • Screening for Cervical Cancer with human Papillomavirus tests • Screening for sexually transmitted infections (STIs) and HIBC to prevent STIs • Screening mammography • Screening pap tests • Screening pelvic examinations • Ultrasound screening abdominal aortic aneurysm <p>Any additional preventive services approved by Medicare during the contract year will be covered by our plan or original Medicare.</p>	

Services marked with a ¹ may require approval in advance (a referral) from your Primary Care Provider (PCP) in order for the plan to cover them. If you do not get a referral for these services, you may have to pay the full cost of them.

Premiums and Benefits	BlueMedicare Complete (HMO SNP) Orange County	BlueMedicare Complete (HMO SNP) Polk County	Traditional Florida Medicaid (Medicaid Managed Care plan benefits may be different)
Emergency Care <i>Under BlueMedicare Complete, if you are immediately admitted to the hospital, you do not have to pay your share of the cost for emergency care.</i>	You pay nothing per visit	You pay nothing per visit	\$3 copayment, per visit, if not exempt from cost sharing. 5% coinsurance up to the first \$300.00 of Medicaid payment for each visit in the emergency room for non-emergency services , not to exceed \$15.00.
Urgently Needed Services	You pay nothing at a Convenient Care Center or Urgent Care Center.	You pay nothing at a Convenient Care Center or Urgent Care Center.	\$2 copayment for services in a practitioner office setting, per provider or group provider, per day, if not exempt from cost sharing.
Diagnostic Services/Labs/Imaging¹ <i>Under BlueMedicare Complete Prior Authorization is required for certain services.</i>	Laboratory Services <ul style="list-style-type: none"> You pay nothing at an Independent Clinical Laboratory or outpatient hospital facility X-Rays <ul style="list-style-type: none"> You pay nothing at an Independent Diagnostic Testing Facility (IDTF) or outpatient hospital facility Advanced Imaging Services (e.g., Magnetic Resonance Imaging [MRI], Positron Emission Tomography [PET], Computer Tomography [CT] Scan) <ul style="list-style-type: none"> You pay nothing at a specialist's office, IDTF or outpatient hospital facility Radiation Therapy <ul style="list-style-type: none"> You pay nothing 	Laboratory Services <ul style="list-style-type: none"> You pay nothing at an Independent Clinical Laboratory or outpatient hospital facility X-Rays <ul style="list-style-type: none"> You pay nothing at an Independent Diagnostic Testing Facility (IDTF) or outpatient hospital facility Advanced Imaging Services (e.g., Magnetic Resonance Imaging [MRI], Positron Emission Tomography [PET], Computer Tomography [CT] Scan) <ul style="list-style-type: none"> You pay nothing at a specialist's office, IDTF or outpatient hospital facility Radiation Therapy <ul style="list-style-type: none"> You pay nothing 	\$1 copayment for independent laboratory services per provider, per day, if not exempt from cost sharing. \$1 copayment for portable X-Ray services per provider, per day, if not exempt from cost sharing. \$2 copayment per provider or group provider, per day, if not exempt from cost sharing. \$3 copayment for services provided at a Rural Health Center (RHC) or Federally Qualified Health Center (FQHC) only, per clinic, per day, if not exempt from cost sharing.

Services marked with a ¹ may require approval in advance (a referral) from your Primary Care Provider (PCP) in order for the plan to cover them. If you do not get a referral for these services, you may have to pay the full cost of them.

Premiums and Benefits	BlueMedicare Complete (HMO SNP) Orange County	BlueMedicare Complete (HMO SNP) Polk County	Traditional Florida Medicaid (Medicaid Managed Care plan benefits may be different)
Hearing Services¹	<p>Medicare-Covered Hearing Services Exams to diagnose and treat hearing and balance issues</p> <ul style="list-style-type: none"> You pay nothing <p>Routine Hearing Services</p> <ul style="list-style-type: none"> You pay nothing for one hearing exam per year. \$1,000 allowance per year toward any model hearing aid. \$0 copay for one evaluation and fitting of hearing aids per year. 	<p>Medicare-Covered Hearing Services Exams to diagnose and treat hearing and balance issues</p> <ul style="list-style-type: none"> You pay nothing <p>Routine Hearing Services</p> <ul style="list-style-type: none"> You pay nothing for one hearing exam per year. \$1,000 allowance per year toward any model hearing aid. \$0 copay for one evaluation and fitting of hearing aids per year. 	<p>\$0 copay for Medicaid-covered services.</p> <p>For recipients who have moderate hearing loss or greater, including the following services:</p> <ul style="list-style-type: none"> One new, complete, (not refurbished) hearing aid device per ear, every three years, per recipient Up to three pairs of ear molds per year, per recipient One fitting and dispensing service per ear, every three years, per recipient
<p>Dental Services <i>Under BlueMedicare Complete Prior Authorization is required for Medicare-covered comprehensive dental services.</i></p>	<p>Medicare-Covered Dental Services (non-routine dental care such as setting fractures of the jaw or facial bones, jaw surgery, extraction of teeth to prepare for radiation therapy, services covered when provided by a physician)</p> <ul style="list-style-type: none"> You pay nothing <p>Additional Dental Services (cleanings, oral exams, X-rays, extraction of erupted tooth or exposed root, adjustment of complete or partial denture, dentures, crowns, and other dental benefits)</p> <ul style="list-style-type: none"> You pay nothing up to a \$6,000 annual maximum 	<p>Medicare-Covered Dental Services (non-routine dental care such as setting fractures of the jaw or facial bones, jaw surgery, extraction of teeth to prepare for radiation therapy, services covered when provided by a physician)</p> <ul style="list-style-type: none"> You pay nothing <p>Additional Dental Services (cleanings, oral exams, X-rays, extraction of erupted tooth or exposed root, adjustment of complete or partial denture, dentures, crowns, and other dental benefits)</p> <ul style="list-style-type: none"> You pay nothing up to a \$6,000 annual maximum 	<p>\$2 copayment for oral and maxillofacial surgery services per practitioner office visit, per day</p> <p>\$3 copayment for dental services provided at a Federally Qualified Health Center (FQHC) only, per clinic, per day, if not exempt from cost sharing.</p> <p>Covered Adult Services (Ages 21 and Over)</p> <ul style="list-style-type: none"> One comprehensive evaluation every three years, per recipient. For recipients age 21 years and older, a comprehensive evaluation is reimbursed for the purpose of determining the need for full or partial dentures, or problem focused services

Services marked with a ¹ may require approval in advance (a referral) from your Primary Care Provider (PCP) in order for the plan to cover them. If you do not get a referral for these services, you may have to pay the full cost of them.

Premiums and Benefits	BlueMedicare Complete (HMO SNP) Orange County	BlueMedicare Complete (HMO SNP) Polk County	Traditional Florida Medicaid (Medicaid Managed Care plan benefits may be different)
			<ul style="list-style-type: none"> • Limited evaluations, as medically indicated • One complete series of intraoral radiographs every three years, per recipient • One panoramic radiograph every three years, per recipient • Prosthodontic services to diagnose, plan, rehabilitate, fabricate, and maintain dentures as follows: <ul style="list-style-type: none"> • One upper, lower, or complete set of full or removable partial dentures per recipient • One reline, per denture, per 366 days, per recipient <p>Traditional Florida Medicaid reimburses for emergency dental services for recipients age 21 years and older to alleviate pain, infection, or both, and procedures essential to prepare the mouth for dentures.</p> <p>Covered Children Services (Ages under 21)</p> <p>The Medicaid children's dental services program may provide reimbursement for adjunctive general services, diagnostic services, diagnostic imaging, preventive treatment, restorative, endodontic, periodontal, surgical procedures and</p>

Services marked with a ¹ may require approval in advance (a referral) from your Primary Care Provider (PCP) in order for the plan to cover them. If you do not get a referral for these services, you may have to pay the full cost of them.

Premiums and Benefits	BlueMedicare Complete (HMO SNP) Orange County	BlueMedicare Complete (HMO SNP) Polk County	Traditional Florida Medicaid (Medicaid Managed Care plan benefits may be different)
			extractions, prosthodontic and orthodontic treatment, including complete and partial dentures.
Vision Services¹ <i>Under BlueMedicare Complete Prior Authorization is required for Medicare-covered comprehensive vision services.</i>	Medicare-Covered Vision Services You pay nothing for the following services: <ul style="list-style-type: none"> • physician services to diagnose and treat eye diseases and conditions • glaucoma screening (once per year for members at high risk of glaucoma). • diabetic retinal exams. • one pair of eyeglasses or contact lenses after each cataract surgery. Additional Vision Services <ul style="list-style-type: none"> • You pay nothing for one routine eye exam every 12 months. • \$200 Allowance per year towards the purchase of lenses, frames or contacts 	Medicare-Covered Vision Services You pay nothing for the following services: <ul style="list-style-type: none"> • physician services to diagnose and treat eye diseases and conditions • glaucoma screening (once per year for members at high risk of glaucoma). • diabetic retinal exams. • one pair of eyeglasses or contact lenses after each cataract surgery. Additional Vision Services <ul style="list-style-type: none"> • You pay nothing for one routine eye exam every 12 months. • \$200 Allowance per year towards the purchase of lenses, frames or contacts 	\$0 copayment for visual aid services. \$2 copayment for optometrist services, per provider or group provider, per day, if not exempt from cost sharing. \$3 copayment for optometrist services provided at a Rural Health Center (RHC) or Federally Qualified Health Center (FQHC) only, per clinic, per day, if not exempt from cost sharing. Florida Medicaid covers one frame every two years and two lenses every 365 days.
Mental Health Services <i>Under BlueMedicare Complete Prior Authorization is required for non-emergency services.</i>	Inpatient Mental Health Services Limited to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital. <ul style="list-style-type: none"> • You pay nothing Outpatient Mental Health Services <ul style="list-style-type: none"> • You pay nothing 	Inpatient Mental Health Services Limited to 190 days in a lifetime for inpatient mental health care in a psychiatric hospital. This limit does not apply to inpatient mental health services provided in a general hospital. <ul style="list-style-type: none"> • You pay nothing Outpatient Mental Health Services <ul style="list-style-type: none"> • You pay nothing 	\$2 copayment per provider, per day, if not exempt from cost sharing. \$3 copayment for outpatient mental health services provided at a Rural Health Center (RHC) or Federally Qualified Health Center (FQHC) only, per clinic, per day, if not exempt from cost sharing.

Services marked with a ¹ may require approval in advance (a referral) from your Primary Care Provider (PCP) in order for the plan to cover them. If you do not get a referral for these services, you may have to pay the full cost of them.

Premiums and Benefits	BlueMedicare Complete (HMO SNP) Orange County	BlueMedicare Complete (HMO SNP) Polk County	Traditional Florida Medicaid (Medicaid Managed Care plan benefits may be different)
Skilled Nursing Facility (SNF) <i>Under BlueMedicare Complete Prior Authorization is required for SNF stays.</i>	Our plan covers up to 100 days in a SNF per benefit period. <ul style="list-style-type: none"> You pay nothing 	Our plan covers up to 100 days in a SNF per benefit period. <ul style="list-style-type: none"> You pay nothing 	\$0 copay for Medicaid-covered services.
Physical Therapy¹ <i>Under BlueMedicare Complete Prior Authorization is required for all therapy services.</i>	Occupational, physical therapy and speech and language therapy visits <ul style="list-style-type: none"> You pay nothing for services received in a specialist's office, a free-standing facility or outpatient hospital facility A \$1,980 yearly Medicare limit applies to outpatient physical and speech therapy services. This limit is for 2017 and may change in 2018. A separate \$1,980 yearly Medicare limit applies to outpatient occupational therapy services. This limit is for 2017 and may change in 2018.	Occupational, physical therapy and speech and language therapy visits <ul style="list-style-type: none"> You pay nothing for services received in a specialist's office, a free-standing facility or outpatient hospital facility A \$1,980 yearly Medicare limit applies to outpatient physical and speech therapy services. This limit is for 2017 and may change in 2018. A separate \$1,980 yearly Medicare limit applies to outpatient occupational therapy services. This limit is for 2017 and may change in 2018.	Medicaid-covered services include: Physical Therapy, Occupational Therapy, Respiratory Therapy, and Speech-Language Pathology services \$0 copayment for respiratory system services. \$0 copayment for physical therapy services. \$2 copayment per provider, per day, for outpatient rehabilitation services provided in an office setting, if not exempt from cost sharing. \$3 copayment for outpatient rehabilitation services provided at a Rural Health Center (RHC) or Federally Qualified Health Center (FQHC) only, per clinic, per day, if not exempt from cost sharing. \$3 copayment, per visit to an outpatient hospital, if not exempt from cost sharing.

Services marked with a ¹ may require approval in advance (a referral) from your Primary Care Provider (PCP) in order for the plan to cover them. If you do not get a referral for these services, you may have to pay the full cost of them.

Premiums and Benefits	BlueMedicare Complete (HMO SNP) Orange County	BlueMedicare Complete (HMO SNP) Polk County	Traditional Florida Medicaid (Medicaid Managed Care plan benefits may be different)
Ambulance <i>Under BlueMedicare Complete Prior Authorization is required for non-emergency ambulance services.</i>	<u>In- and Out-of-Network</u> <ul style="list-style-type: none"> You pay nothing for each Medicare-covered trip (one-way) 	<u>In- and Out-of-Network</u> <ul style="list-style-type: none"> You pay nothing for each Medicare-covered trip (one-way) 	\$0 copay for Medicaid-covered services.
Transportation (Routine)	You pay nothing Unlimited one-way trips per calendar year to plan-approved locations for scheduled medical-related services and prescriptions transportation within your service area.	You pay nothing Unlimited one-way trips per calendar year to plan-approved locations for scheduled medical-related services and prescriptions transportation within your service area.	\$1 copay per one way trip Non-Emergency Medical Transportation (NEMT) services are available only to eligible beneficiaries who cannot obtain transportation through any other means (such as family, friends or community resources).
Medicare Part B Drugs <i>Under BlueMedicare Complete Prior Authorization is required for Medicare Part B-covered prescription drugs except for allergy injections.</i>	<u>In-Network</u> <ul style="list-style-type: none"> You pay nothing for allergy injections You pay nothing for chemotherapy drugs and other Medicare Part B-covered drugs 	<u>In-Network</u> <ul style="list-style-type: none"> You pay nothing for allergy injections You pay nothing for chemotherapy drugs and other Medicare Part B-covered drugs 	\$0 copayment for prescription drugs obtained through the Prescription Drug Services program. \$2 copayment for practitioner services, per provider or group provider, per day, if not exempt from cost sharing. \$3 copayment for Part B prescription drug administration provided at a Rural Health Center (RHC) or Federally Qualified Health Center (FQHC) only, per clinic, per day, if not exempt from cost sharing.

Services marked with a ¹ may require approval in advance (a referral) from your Primary Care Provider (PCP) in order for the plan to cover them. If you do not get a referral for these services, you may have to pay the full cost of them.

Premiums and Benefits	BlueMedicare Complete (HMO SNP) Orange County	BlueMedicare Complete (HMO SNP) Polk County	Traditional Florida Medicaid (Medicaid Managed Care plan benefits may be different)
Foot Care (<i>podiatry services</i>)	Diagnosis and treatment of injuries and diseases of the feet. Routine care for members with certain conditions affecting the lower limbs. <ul style="list-style-type: none"> You pay nothing 	Diagnosis and treatment of injuries and diseases of the feet. Routine care for members with certain conditions affecting the lower limbs. <ul style="list-style-type: none"> You pay nothing 	\$2 copayment per provider or group provider, per day, if not exempt from cost sharing. \$3 copayment for podiatry services provided at a Rural Health Center (RHC) or Federally Qualified Health Center (FQHC) only, per clinic, per day, if not exempt from cost sharing.
Medical Equipment/Supplies <i>Under BlueMedicare Complete Prior Authorization is required for certain equipment/supplies.</i>	Durable Medical Equipment You pay nothing for the following: <ul style="list-style-type: none"> equipment motorized wheelchairs and electric scooters. Prosthetics Diabetic supplies 	Durable Medical Equipment You pay nothing for the following: <ul style="list-style-type: none"> equipment motorized wheelchairs and electric scooters. Prosthetics Diabetic supplies 	\$0 copay for Medicaid-covered services.
Wellness Programs	<ul style="list-style-type: none"> SilverSneakers® fitness program by Tivity Health. Diabetes Prevention Program - An evidence-based program designed to delay or prevent participants' progression to type 2 diabetes. You pay nothing to participate in these programs.	<ul style="list-style-type: none"> SilverSneakers® fitness program by Tivity Health. Diabetes Prevention Program - An evidence-based program designed to delay or prevent participants' progression to type 2 diabetes. You pay nothing to participate in these programs.	Not Applicable.

Services marked with a ¹ may require approval in advance (a referral) from your Primary Care Provider (PCP) in order for the plan to cover them. If you do not get a referral for these services, you may have to pay the full cost of them.

Premiums and Benefits	BlueMedicare Complete (HMO SNP) Orange County	BlueMedicare Complete (HMO SNP) Polk County	Traditional Florida Medicaid (Medicaid Managed Care plan benefits may be different)
Outpatient Surgery <i>Under BlueMedicare Complete Prior Authorization is required for certain services.</i>	You pay nothing in an ambulatory surgical center or outpatient hospital facility.	You pay nothing in an ambulatory surgical center or outpatient hospital facility.	\$2 copayment for services in a practitioner office setting, per provider or group provider, per day, if not exempt from cost sharing. \$3 copayment for services at an outpatient hospital facility, per visit, if not exempt from cost sharing. \$0 copayment for ambulatory surgical center (ASC) services.
Over-the-Counter (OTC) Benefits	\$100 maximum benefit every quarter. Unused balance does not roll over to the next quarter.	\$100 maximum benefit every quarter. Unused balance does not roll over to the next quarter.	\$0 copay for select Over-the-Counter items, contained in the Medicaid formulary. The drugs and supplies must be prescribed by licensed practitioners.
Meals	You pay nothing for up to 10 home delivered meals after each discharge from a facility	You pay nothing for up to 10 home delivered meals after each discharge from a facility	Not Applicable
Prescription Drugs	Please see the Part D information below.	Please see the Part D information below.	\$0 copay for Medicaid-covered prescription drugs not covered by a Medicare Prescription Drug Plan.

Services marked with a ¹ may require approval in advance (a referral) from your Primary Care Provider (PCP) in order for the plan to cover them. If you do not get a referral for these services, you may have to pay the full cost of them.

Part D Prescription Drug Benefits

Dual eligible members receiving Extra Help assistance with Part D prescription drug costs will have reduced cost sharing from that shown here, based on the level of assistance received.

Premiums and Benefits	Blue Medicare Complete (HMO SNP) Orange County			Blue Medicare Complete (HMO SNP) Polk County		
<p>Deductible Stage</p> <p>Deductible amount is \$405. This applies to Tiers 3, 4 and 5 only.</p> <p>You begin in this payment stage when you fill your first prescription of the year for drugs in Tiers 3, 4 and 5.</p> <p>During this stage, you pay the full cost of your drugs.</p> <p>You stay in this stage until you have paid \$405 for your drugs</p> <p>Initial Coverage Stage</p> <p>You begin in this stage when you fill your first prescription of the year.</p> <p>During this stage, the plan pays its share of the cost of your drugs and you pay your share of the cost.</p> <p>You remain in this stage until your total yearly drug costs (total drug costs paid by you <i>and</i> any Part D plan) reach \$3,750.</p> <p>You may get your drugs at network retail pharmacies and mail order pharmacies.</p>	<p>Cost-Sharing for a one-month supply (up to 31 days) of a covered Part D prescription drug)</p>			<p>Cost-Sharing for a one-month supply (up to 31 days) of a covered Part D prescription drug)</p>		
	Tier	Standard Retail	Mail Order	Tier	Standard Retail	Mail Order
	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay	Tier 1 (Preferred Generic)	\$0 copay	\$0 copay
	Tier 2 (Generic)	\$0 copay	\$0 copay	Tier 2 (Generic)	\$0 copay	\$0 copay
	Tier 3 (Preferred Brand)	\$47 copay	\$47 copay	Tier 3 (Preferred Brand)	\$47 copay	\$47 copay
	Tier 4 (Non-Preferred Brand)	\$100 copay	\$100 copay	Tier 4 (Non-Preferred Brand)	\$100 copay	\$100 copay
	Tier 5 (Specialty Drugs)	25% of the cost	25% of the cost	Tier 5 (Specialty Drugs)	25% of the cost	25% of the cost
	Tier 6 (Supplemental Drugs)	\$0 copay	\$0 copay	Tier 6 (Supplemental Drugs)	\$0 copay	\$0 copay
	<p>The cost-sharing information shown above is for a one-month supply of a covered Part D prescription drug purchased at a retail pharmacy and through our mail order pharmacy. Your cost-sharing may be different if you use a Long Term Care pharmacy, a home infusion pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100) days) of a drug.</p> <p>Please call us or see the plan's "Evidence of Coverage" on our website (www.BlueMedicareFL.com) for complete information about your costs for covered drugs.</p>			<p>The cost-sharing information shown above is for a one-month supply of a covered Part D prescription drug purchased at a retail pharmacy and through our mail order pharmacy. Your cost-sharing may be different if you use a Long Term Care pharmacy, a home infusion pharmacy, or an out-of-network pharmacy, or if you purchase a long-term supply (up to 100) days) of a drug.</p> <p>Please call us or see the plan's "Evidence of Coverage" on our website (www.BlueMedicareFL.com) for complete information about your costs for covered drugs.</p>		

Services marked with a ¹ may require approval in advance (a referral) from your Primary Care Provider (PCP) in order for the plan to cover them. If you do not get a referral for these services, you may have to pay the full cost of them.

Premiums and Benefits	Blue Medicare Complete (HMO SNP) Orange County	Blue Medicare Complete (HMO SNP) Polk County
Coverage Gap Stage	<p>The Coverage Gap Stage begins after total yearly drug costs (what any Part D plan has paid and what you have paid) reach \$3,750.</p> <p>During the Coverage Gap Stage:</p> <p>You pay the same copays that you paid in the Initial Coverage Stage for generic drugs in Tier 1 (Preferred Generics), Tier 2 (Generics) and Tier 6 (Supplemental Drugs) or 44% of the cost, whichever is lower; and</p> <p>For all other drugs, you pay 35% of the cost for covered brand name drugs (plus a portion of the dispensing fee) and 44% of the plan's cost for covered generic drugs.</p> <p>You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$5,000.</p>	<p>The Coverage Gap Stage begins after total yearly drug costs (what any Part D plan has paid and what you have paid) reach \$3,750.</p> <p>During the Coverage Gap Stage:</p> <p>You pay the same copays that you paid in the Initial Coverage Stage for generic drugs in Tier 1 (Preferred Generics), Tier 2 (Generics) and Tier 6 (Supplemental Drugs) or 44% of the cost, whichever is lower; and</p> <p>For all other drugs, you pay 35% of the cost for covered brand name drugs (plus a portion of the dispensing fee) and 44% of the plan's cost for covered generic drugs.</p> <p>You stay in this stage until your year-to-date "out-of-pocket costs" (your payments) reach a total of \$5,000.</p>
Catastrophic Coverage Stage	<p>After your yearly out-of-pocket drug costs reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.35 copay for generic (including brand drugs treated as generic) and an \$8.35 copay for all other drugs 	<p>After your yearly out-of-pocket drug costs reach \$5,000, you pay the greater of:</p> <ul style="list-style-type: none"> • 5% of the cost, or • \$3.35 copay for generic (including brand drugs treated as generic) and an \$8.35 copay for all other drugs

Services marked with a ¹ may require approval in advance (a referral) from your Primary Care Provider (PCP) in order for the plan to cover them. If you do not get a referral for these services, you may have to pay the full cost of them.